Harvard Medical

ALUMNI BULLETIN AUTUMN 1995

The Best is Yet to Come

Fellowships for HMS Alumni

1996–1997

Fellowships are available for graduates of Harvard Medical School to undertake a year of post-graduate study. The amounts awarded for stipends are determined by the specific needs of the individual.

Moseley Traveling Fellowship
Support for at least a year of postgraduate study in Europe.

The Committee on Alumni/ae Fellowships gives preference to those Harvard Medical School graduates who have:
1
demonstrated their ability to make original and meritorious contributions to knowledge,
2
planned an innovative program of study which in the Committee's opinion will contribute significantly to their development as teachers and scholars,
3
clearly planned to devote themselves to careers in academic medicine and the medical sciences.

Warren-Whitman-Richardson
Support for research in the U.S. or abroad; not restricted to alumni. Directed to M.D. scientists who require further training.

Deadline
Although there is no specific due date, the Committee requests that applications be submitted not more than one year in advance of the requested beginning date. The Committee meets once a year in January to review all applications on file by December 31.

Information and application forms may be obtained from:
Committee on Alumni/ae Fellowships
c/o Sponsored Programs Administration
Harvard Medical School
Room 414, Building A
25 Shattuck Street
Boston, Massachusetts 02115
617/432-1596

Autumn 1995
Volume 69 Number 2

Harvard Medical
ALUMNI BULLETIN

Cover photo by Jerry Berndt

Inside HMAB

Harvard Medical
ALUMNI BULLETIN

In Jerry Berndt's photograph, the Alumni Day tent, suffused with morning light, poses the right questions. Who will take these places, not only today but in the years to come, and who will be missing? What does tradition mean when it can be so solidly embodied in the ephemeral canvas, poles, and folding chairs of our annual rite? Is this an image open with promise, or is it somehow just a little ominous?

The discourse of Alumni Day and Class Day was much occupied with these issues. The experience of women in medicine and at Harvard Medical School was once again at the forefront, as distinguished alumnae—Dora Benedict Goldstein '49, Stephanie Pincus '68, Bernadine Healy '69—reflected on their sex's impending transition from minority to majority among the graduating occupants of the folding chairs. The changing representation of ethnic and racial minorities was less frequently discussed, perhaps because there isn't quite as clearly demarcated an anniversary to focus our attention, but Donnella Green '98 described the bittersweet ambiguities of being made to "represent" both women and African Americans in medicine. Gerald S. Foster '51 reflected on "the natural superiority of women," to borrow Ashley Montagu's phrase, as candidates for admission to medical school. The tone of all these talks was one of guarded jubilation.

That, too, was the tone of Jordan Fieldman's reflections "from the edge" of survival. Dr. Fieldman's folding chair might well have been empty, as he was diagnosed with brain cancer in his first year at HMS. Seven years later he received his diploma after battling both the reality and the prediction of bad odds (an interesting distinction as he discusses it).

Rodney Taylor '95 stood up from his chair to speak about his own process of self-examination on the way to becoming a doctor. Taylor's and Fieldman's talks, different as they are, illuminate a small mystery: there's a good reason, if a metaphorical one, why sitting in those little folding chairs is so uncomfortable.

William Ira Bennett '68

The *Harvard Medical Alumni Bulletin* is published quarterly at 25 Shattuck Street, Boston, MA 02115

Telephone: (617) 432-1548. Email address: bulletin@warren.med.harvard.edu. Third class postage paid at Boston, Massachusetts. Postmaster, send form 3579 to 25 Shattuck Street, Boston, MA 02115, ISSN 0191-7757. Printed in the U.S.A.

Letters

Counterattack

John M. Carey's attack on affirmative action (Letters, Summer '95) presents opinion as fact and demands challenge.

First, he advances the notion that ethnic minority patients prefer doctors "of their kind as do...white Americans." That is more Carey's prejudice speaking than reality. In my 37-year experience on Long Island, white doctors see many black patients and black doctors see many white patients.

Then Carey patronizingly worries about where "excess minority graduates" will find enough minority patients. What excess? Minority physicians choose locales for practice for the same reasons whites do. Some blacks may be motivated to do the less financially rewarding work in the inner cities, but then so do some whites. Does anyone ask white doctors if they intend to serve "their own kind?" Did anyone ask Carey?

Second, he argues that women physicians and the society that permits their training are wasting our time and money to satisfy "pride of graduation." If women doctors work 30 years instead of 40, so what? Would Carey really like to banish women back to the kitchen and the nursery?

Third, Carey proclaims "current medical school admissions policy must inevitably displace equally or better qualified white male students from Harvard Medical School." This assumes that qualifications can be quantified solely in test scores. For years I have interviewed Harvard/Radcliffe college applicants, both qualified and not qualified. What I've learned is that test scores and grades are no guide to positive traits such as courage, determination, leadership, personal warmth or social responsibility, or negative traits such as greed, arrogance or dishonesty. Nor do test scores tell who can enrich the life of the class, thereby enhancing the college experience for everyone.

Finally, Carey claims that neither he nor Harvard has any responsibility for redressing centuries of discrimination against women or blacks. But discrimination didn't die with slavery. My own class (1952) graduated only three blacks and six women. In 1978 in the *Bakke* case, the Supreme Court used the Harvard model in its ruling that race could be a factor in the admissions process, just as being a football player, a musician, a farm boy or an alumni son could be a factor.

As Justice Blackmun said: "In order to get beyond racism, we must first take account of race. There is no other way. And in order to treat some persons equally, we must treat them differently. We cannot—we dare not—let the Equal Protection Clause perpetuate racial supremacy."

James S. Bernstein '52

Annie, Don't Get Your Gun

I must respond to the shocking letter authored by John C. Richardson in the Spring 1995 issue. He opposes the stance of Marian Wright Edelman, who has spoken out against the plethora of firearms in our society. It appears to me that Richardson has been quite selective in his use of statistics and citations quoted, showing clearly his emotional slant on the issues relating to guns and violence. My position is that the use of guns is directly related to the violence observed and felt in America today. It is my belief that lessening the availability of guns to children and adolescents would be associated with decreased homicide and suicide in this age group.

Here are some facts about firearms. In the age range of 15 to 19 years, homicides are associated with firearms 82 percent of the time. Firearm-caused injuries account for $429 million in hospital costs each year in this country. The total annual cost to this nation for injuries and deaths caused by firearms is estimated at $16.2 billion. A study of patients treated at a trauma center in Washington, D.C. showed a 42 percent increase in the average number of bullet wounds per patient over a three-year period. A personal vignette: I recently provided medical care for a 14-year-old boy who is now quadriplegic due to having shot himself in the head with a gun, while showing off with some friends.

Of course, violence is associated with many factors other than just the use of firearms; namely poverty, unemployment, hunger, illiteracy, inadequate and overcrowded housing, as well as substance abuse. That firearms represent an American public health issue is well stated in the article entitled, "Firearm violence and public health: Limiting the availability of

guns" (Adker, Karl P., et. al. *JAMA* 271: 1281-3, 1994). This article presents documentation of the adverse impact of guns in America. The authors suggest specific modes of addressing this public health problem, such as increasing taxes on firearms and ammunition and implementing a gun return program in local communities. Yet another aspect of gun abuse is reflected in drive-by shootings, documented in Los Angeles by Hutson, et. al. ("Adolescents and children injured or killed in drive-by shootings in Los Angeles, *NEJM* 330: 324-7, 1994). After documenting the severe impact of these gun-caused deaths and injuries, these authors stated, "They constitute a major public health problem, particularly in the inner city."

There is more than enough scientific evidence to state categorically that gun abuse in our country is a serious public health concern. It is my opinion that physicians and attorneys should together offer leadership in increasing controls over the production, distribution, possession and usage of guns as well as the licensing of guns and gun dealers.

Thomas C. Washburn '57

A Well-Rounded Specialty

I wish to commend you on your Spring 1995 issue "Making Herstory."

As a family practitioner, however, I must take issue with some of the premises in Ellen Schur's and JoDean Nicolette's piece, "Students Support a New Specialty." Schur and Nicolette claim that "As women's health specialists, we would eliminate the need for a woman to see several physicians just for health maintenance, or to elucidate the cause of symptoms..." and "Currently, no single specialty trains practitioners in such varied aspects of women's health as colposcopy, assessment of depression, and management of cardiovascular health."

In fact family practice does provide exactly that training. In my practice last week, I performed several colposcopies, treated vulvar condylomata in a pregnant woman, placed an IUD, and performed endometrial biopsies. I also diagnosed and began treatment for depression, hypothyroidism, diabetes, hypertension and hyperlipidemia. I discovered a breast mass in a woman with a history of breast cancer; evaluated patients with abdominal-pelvic pain, menometrorrhagia, infertility, secondary amenorrhea and hirutism; and counseled many patients about the risks and benefits of hormone replacement therapy. In addition, I saw women for prenatal care, post-partum care and family planning. I also deliver my patients' babies, and perform Cesarean sections, tubal ligations and D and Cs. Furthermore, I care for my patients' newborns, who also become my patients.

Since the locus of family practice is the family, I also see my female patient's partners and other family members, however "family" may be defined. This is done in one setting, instead of sending family members to different providers based on gender or age. Since my training included behavioral science, with a focus on family dynamics/family systems, I am able to perform short-term counseling with patients in the setting of their families. Of course, I consult and refer to specialists when indicated, as would any other primary care physician.

Women do need to be served better by medicine, from research to the clinical setting. While most seem to agree that there needs to be better and more coordinated primary care for women, the issue of the creation of a specialty in women's health remains difficult. In fact, the discipline of family practice already trains its residents in this area and more.

While prestigious institutions like Harvard and Stanford promote "primary care," family practice has been a largely ignored specialty, with nonexistent or hypoplastic academic departments. In fact, family practice may provide one of the better answers to the problem of providing cost-effective and nonfragmented care to women (and others). I encourage HMS (and other) students who wish further exposure to family practice to seek elective rotations in the field.

Dana Kent '91

I appreciated the issue of the *Alumni Bulletin* devoted to women in medicine and women's health (Spring '95). However, I would like to correct a glaring error in the article by Ellen Schur and JoDean Nicolette. They state that "Currently, no single specialty trains practitioners in such varied aspects of women's health as colposcopy, assessment of depression, and management of cardiovascular health." In fact, family physicians are trained to do all of these things, and more.

I agree that there is a need for more research and clinical services in

women's health. Further, it seems reasonable that there should be more than one model from among which women can choose to receive health care. A women's health specialty may well contribute to those needs.

What is frustrating is that Schur and Nicolette seem unaware that thousands of family physicians already provide the kind of care they advocate. In fact, many students have chosen family practice for this very reason.

Yet, I am not surprised that these students are unaware of family physicians. Stanford, like Harvard Medical School, seems to have virtually no use for family physicians in the education of its students. This, in my opinion, is an error even more glaring than the one made by these students in their otherwise interesting and informative article.

Michael B. Potter '90

I commend Ellen Shur and JoDean Nicolette for taking the time to write about their vision of a new women's health specialty. I take issue, however, with their statement "Currently, no single specialty trains practitioners in such varied aspects of women's health as colposcopy, assessment of depression, and management of cardiovascular health." Family medicine offers training in all of these areas, as well as vaginal deliveries and care of the infants, children and male family members who are so much a part of many women's lives.

Unfortunately, there are still a few "orphan" medical schools, including Harvard, without departments of family medicine. Students at these schools have difficulty understanding family medicine and exploring it as a career option. I urge interested students to contact the state chapter of the American Academy of Family Physicians and ask to be connected with practicing family physicians who can serve as teachers and mentors. The phone number for the AAFP is 800-274-2237. The Massachusetts Academy of Family Physicians [of which the author is president] can be reached at 508-526-9753.

In September 1995, I will be opening a Cambridge Hospital affiliated health center in Somerville with David Hirsch. We will offer management of cardiovascular health in women and men, colposcopy, assessment of depression, prenatal and obstetric care, and well child care. Interested students are welcome.

Rachel Wheeler '77

The Old Boys Club

I read your Spring '95 issue of the *Bulletin* on "Making Herstory" with interest. I was in the Class of HSDM '77—almost 30 years after the first women were admitted to HMS. On numerous occasions we were shown slides of naked women in our genetics class. I imagined that most women felt a certain amount of discomfort, but did not know how to respond. In our reproductive medicine course, one of our professors began his lecture with the following introduction: "Rose is my name, testis is my game." It induced a lot of laughter from the audience, but it would certainly be highly inappropriate at this time.

During our gross anatomy course, one of my male classmates offered to do the head and neck dissection for me in exchange for my services of sewing the buttons on his shirts. It was a very disdainful suggestion to me. Unfortunately for him, he turned out to be the only person in the class who absolutely could not stand the smell of formalin and had to cover his mouth and nose with a handkerchief throughout the anatomy class, making several trips outside to take gasps of the cold winter air in order to continue with his dissection.

Many of us could relate to Yeou-Cheng Ma's restroom scene. On many occasions during my oral surgery rotation, I waited for the oral surgeon and my male colleagues to emerge from the men's locker room at Mass. General Hospital. I was never able to locate the elusive group and I certainly missed out on a lot of discussions germane to the case that we had just observed.

During my last year at the Harvard Dental School, I decided to pursue a career in oral surgery. While scrubbing in a case with one of the oral surgeons, he remarked that one had to

have brute strength to be an oral surgeon, obviously referring to my petite size as a distinct disadvantage. I countered that one only needed to use one's instruments in a skillful manner to overcome that disadvantage.

On one of my oral surgery interviews in the South, I waited for the director of the program for over an hour. When he finally appeared, he was surprised that I was still around. He told me that while my records at Harvard were superior to some of the male applicants from my class, I would be a far more qualified candidate if I were to get a medical degree and reapply to his program. He further told me that there was only one qualified practicing woman oral surgeon in the whole United States at that time. I was headed for the West Coast for a series of interviews, but that interview convinced me that I was not to join the ranks of the oral surgeons. I canceled all my remaining interviews and flew back and obtained my medical degree and guess what? I did not reapply for an oral surgery position. I am an infectious disease faculty member at the University of Massachusetts Medical School and have no regrets!

In the real world of academia one still has to deal with the mentality of the Old Boy's Club. The saddest thing is that some of the senior women colleagues who have made it into the club tend to perpetuate that tradition. It is unusual for a senior woman colleague to reach out to junior women with helpful and practical advice so they do not have to repeat the same mistakes. It is as though they wanted the junior members to experience the same hardship they experienced to arrive at where they are. It is hard enough to have to play hard ball all the time with the Old Boys, it is demoralizing to have to deal with this kind of unhealthy attitude.

Lest I am giving the impression that all men are evil, I have some male senior physicians from my fellowship days who are indeed concerned about me and my professional development. For that I salute them! True mentors in the real spirit of Mentor in Homer's *Odyssey* are truly hard to come by.

Growing up as a little girl in a family of ten girls and two boys in Malaysia, my father lamented the fact that he only had two boys. The girls, in his opinion, were useless in the sense that they would never be able to carry on the family name. I then decided that I would prove him wrong and make something of myself. I was the first child in the family to complete a higher education, which was a novelty for a woman 20 years ago in my country, and I am the only child in the family who is a physician.

Now, although socially I am known by my married name, professionally I am known by my maiden name. I have no desire to be another boy that my father wished to have; I am perfectly content to be the woman that I am.

Kwan Kew Lai, HSDM '77

Living in Memory

What a reservoir for recollections was your "Living Memory" issue (Summer '95), especially for those of us "reactionary" individuals who lived before the middle of the century. Two articles had special appeal; the one by James Neller and the wonderful, name-filled memory of Herrman Blumgart by Franklin Epstein.

I was on a district and working in the shadow of the airport (much quieter then) two years before Neller. I could not describe my experiences as well but we stayed in more hospitable quarters and did all of our work by starting with the tunnel. Perhaps my most memorable experience was delivering a fine child from a mother who could neither hear nor speak and who was quite alone with her husband, similarly afflicted.

Once born, the infant screamed loudly and evoked great joy from the parents, as well as this tired medical student who had sat with them for a day and a night! We made daily visits to our patients (Charlie Campbell, son of C. MacFie, and I) for the first few days, whipping over through the tunnel but coming back on the ferry when the fathers plied us with hospitality.

While I never worked at the BI, I was aware of those Blumgart years and of the rapidly growing popularity of the medical school rotation there as they set out to prove their worth. A small vignette: when I went from the Boston Children's to its counterpart in Buffalo, one of my attendings was a Dr. Bender. He had been Oscar Schloss's chief resident when he moved to Boston and was with him there and on his inglorious return. Bender vividly described the anti-Semitism that drove him back to New York. How fortunate that Blumgart was able to survive in that atmosphere.

Henry H. Work '37

The Summer 1995 issue of the *Bulletin* was really a source of great pleasure for the Class of 1939. I've enjoyed reading all of it and particularly the article about Dick Wolfe and his activities in the Countway Library, "Countway's Biographical Sleuths." I've consulted Wolfe a number of times with great pleasure and hope to see him more often.

The article written by Jim Neller ("The Deliverer") was extremely interesting to me, as were excerpts from Francis Moore's book. I had seen a prepublication copy of the book and reviewed it for one of the surgical journals.

Altogether, it was a very full issue with a lot of valuable parts including the part about Fritz Irving, though I think perhaps we ought to sometime, with expletives deleted, print the "Ballad of Chamber Street."

Soma Weiss was one of my teachers, as was Herrman Blumgart, both outstanding people, and the little article about Dr. Cushing's fussing Jerome Head for getting married brought up good memories, since I trained at the Brigham in 1939; very few of us in our class were married or even married until the war was over.

Eben Alexander Jr. '39

I really enjoyed the Summer '95 issue of the *Bulletin*. It contained many reminders of the spirit that is at the heart of medicine

James H. Gordon '66

Thank you for the "Living Memory" issue of the *Bulletin* (Summer '95) in which you published some accumulated material regarding the past at the medical school.

"There were giants in the earth in those days."

It was great to reflect on them once again.

Lloyd R. Evans '40

After reading James Locke Neller's description of his experiences as a medical student while at HMS, many of us will be tempted to recount our experiences in the "district."

My first call was to a tenement in South Boston where I found a woman in labor. After several hours of observing her mild labor, I returned to the hospital. Again I was called by her husband and again I pumped up the low tire on the Model T and drove to the tenement. There was nothing imminent and again I left only to be called back in two or three hours. This time, success. A 12-pound baby emerged reluctantly to the relief of the husband and doubly so to the attending medical student!

My next delivery went faster but the placenta refused to appear. Pressure only caused more bleeding. The resident was called and after much effort the placenta was produced. It was scarred and diagnosed as a "placenta accreta."

My next delivery was fairly easy but the baby didn't look right and I was told it was an anencephallic monster. Treatment was quick and easy. I was told to drop it into a pail of water! What? No consent forms, conferences or legal maneuvers?

My fourth delivery was observation only because pre-delivery bleeding made hospital care necessary and subsequent Cesarean section.

The remaining deliveries must have been routine as I cannot recall them. Maybe at last I found out what a normal delivery was like!

John R. Parish '31

Recollections of Blumgart

I offer this footnote to Herrman Blumgart's long career to fill in a small gap in the story for readers of Franklin Epstein's fascinating account (Summer '95). Those who weren't in the Harvard medical area in the 1960s might infer that Blumgart's career as a practicing physician ended with his retirement in 1962. That is not the case. Blumgart continued to practice medicine in the University Health Service for several years. I know, because I was one of his patients in December 1967. The episode was memorable, for Blumgart was a model of the caring physician, and one I still recall for students I now teach.

I was at the time an HMS III on the first clinical rotation of our principal clinical year, medicine, at the old Boston City Hospital. A short time after the rotation began, many of us became ill with influenza. After two days and sleepless nights at BCH on call and another 24 hours in my room with high fever, muscle aches, and prostration, I staggered down to the little health service office in Vanderbilt Hall feeling the inner conflict of whether to care for myself or fulfill my PCY obligation, which we took very seriously.

I was astonished to be greeted by Blumgart, whom I recognized immediately. Dressed immaculately in a dark suit, he sat and listened carefully as I related my story. I felt the uncertain guilt of a student facing his professor unprepared. Not all of our professors were perceived as sympathetic to student infirmities. You can imagine my relief when he looked up and said with compassion in his voice, "Why don't you come in to the hospital and let me take care of you." He said it with such a kind and gentle, yet persuasive way, I couldn't refuse.

I was in Stillman Infirmary for five days under Blumgart's care. I used this

opportunity to appreciate from the patient's perspective what it is like to be sick in a hospital, and to observe how this distinguished physician took care of his patients. I discovered that a patient really does surrender self-respect and pride and needs reassurance when entering a hospital, even one as cozy as Stillman was.

Blumgart tried very hard to impart a sense of riding things out together, of shouldering your burden of illness, of taking care of you in every way until you had recovered fully. This was the lesson that I learned from him while under his gentle, attentive care, and one that I have tried to emulate.

I don't know when Blumgart finally retired from practice, but I can attest to the fact that he continued to care for patients, and to be a role model for physicians of the future, after his formal retirement in 1962.

Richard E. Burney '69

Franklin Epstein's inspiring eulogy "Serendipity and Herrman Blumgart" (Summer '95) prompts me to add my own serendipitous moment with that revered giant.

It was early 1949 in the basement corridor of Yamins Research Institute at the BI. I had come from Pittsburgh for an interview with Monroe Schlesinger. In those days, a year of pathology was desired as a basis for the study of internal medicine. Suddenly heading my way was Blumgart. "What are you doing here Chamovitz?" (He gave it a Brahmin flavor, "Chaahmovitz.") With chutzpah—not then characteristic of me—I replied: "Well, you turned me down for an internship (I was a fourth alternate behind such greats as Herb Ravin, Phil Troen and Howie Hiatt, who selfishly held on to their acceptances) and you turned me down for an assistant residency in medicine, so I thought I would try for a year with Dr. Schlesinger."

His next words were thundered from Mt. Sinai. "How would you like a fellowship in radioiodine?" I replied, "I'd love it! What is it?" Thus I became the fourth research associate in "I131" after Bob Buka, George Kurland, Milt Hamolsky and Al Ureles, an honor that included working under the inimitable A. Stone Freedberg.

Serendipitous? Well, during my practice of cardiology, nuclear medicine was just my "minor," but after moving to Israel 11 years ago, nuclear medicine became my "major," my vehicle for adapting to a new life, and my opportunity to contribute to Israeli society.

Why did Blumgart and I choose to walk in that same corridor and not another? I'd like to think that his lifetime of serendipity rubbed off onto me that day.

David L. Chamovitz '48

The MD/PhD Paradox

With great pleasure I read the article entitled "The Physician Scientist: Dual or Dueling Degrees?" by David Shaywitz (Summer '95). Shaywitz presented a well-balanced account of the difficulties encountered during a dual-degree training program and subsequent career.

As a recent graduate of Harvard's MD/PhD program, I believe that his final statements were the most consequential: there is no "right" or "wrong" way to combine research and patient care—it's a very personal choice. With this said, most MDs and MD/PhDs would concur that patient care takes (sometimes critical) time and energy away from research. The two are combined for reasons other than productivity and efficiency, namely, enjoyment, salary, academic position and job stability.

This is the advice I give to medical students contemplating the combination of research and patient care. If you are most excited by pure basic research, minimize your clinical training and don't plan on having any patient care responsibilities. Combining the two under these circumstances makes it extremely difficult to compete for basic science research funds, and isn't fair to your patients, yourself or your family. If, however, you love patient care more than benchwork, there's probably little benefit in taking three to five years to earn a PhD. The two to four research years during subspecialty fellowship training can be used to learn the skills necessary to perform academic research in your field.

So, what is the value of MD/PhD training? The value is in the mutualism that exists between clinical medicine and basic science. The agenda of a basic science researcher (be he/she PhD or MD) is to answer fundamental bio-

logical questions, regardless of their relevance to human disease (hence the inherent disdain of some basic science researchers for physician-scientists). The agenda of a physician is to treat and cure human disease. It is only the physician-scientist who has the knowledge to ask the clinically relevant biological question, and to set the foundation for the basic science research that will ultimately answer it.

The many years of clinical training one will need to be able to frame clinically relevant biological questions depends mainly on one's chosen specialty. What creates a good researcher is not the number of degrees after one's name. It is a complex combination of research advisor, lab environment, talent, hard work and luck.

In summary, I encourage students to set realistic goals, seek advice from as many superiors (and contemporaries) as possible, choose clinical and research training wisely and, in the end, satisfy only themselves.

As Shaywitz notes, the concept of MD/PhD training is a relatively new one and its implementation is still in evidence. I find it ironic that medical school faculties tout the virtues of integrating basic science and clinical medicine, yet there is currently no integration in the MD/PhD program itself. Although there is an inherent overlap between preclinical coursework and PhD didactic coursework, there is no "MD/PhD curriculum." Surely there are enough MD/PhD faculty members at most major medical schools to create such a unified curriculum so that each student is guaranteed minimal competency in those areas judged to be essential.

Moreover, three to five years are spent in PhD training without discussion of medical or patient care issues. Well-chosen seminars could provide such continuity. Integration of the curricula, if possible, could theoretically decrease the time required to earn both degrees (e.g., the inherent six months of overlap between preclinical and didactic coursework, and the elective time in the fourth year of medical school, which most students use for travel or research) without diluting either degree. In fact, I'll argue that such integration would make the training more valuable. I am hoping that Harvard will lead the way, as it often does, with such integrative reform.

Finally MD/PhD students have an unusually high dependence on good counseling at all stages of their training. MD/PhD programs must make special attempts at providing multiple role models, counselors and mentors to every student entering the program. I was fortunate enough to have two tremendous mentors and role models (my PhD advisor and medical school advisor), both of whom are MD/PhDs combining research and patient care in their own personal way.

John V. Frangioni '94

I was pleased to see the article on the physician-scientist in the Summer 1995 issue of the *Bulletin*. This is an extremely important matter, which has been largely neglected. The two opening quotations chosen by Shaywitz are telling: the first, in favor of the physician-scientist, says what fun it is to be one. The second comments that it's impossible to do both well. In those two quotes is probably the answer to the whole issue. Undoubtedly, it's fun to do both, and undoubtedly those who do both don't do both well.

Unfortunately, Weinberg's comment looks only at one side of the matter, specifically, that good clinicians don't usually do good research. What is rarely stated is that good laboratory researchers don't usually provide good clinical care. That this aspect of the physician-scientist debate is frequently neglected is not just chance. It reflects a common misunderstanding of the nature of clinical care. This is reflected in the comment by Shaywitz, considered so important by the editor that it was highlighted: "At a certain level, both the questions we all ask as well as the approaches we all take are essentially the same." That comment is simply wrong.

The essential question that needs to be answered in dealing with a patient is: "Why does this unique person not feel healthy and what can I do to help restore him/her to health or to enhance his/her perception of health?" That is not the question one asks when trying to "understand yeast."

Throughout history, the great healers—whether shamans, priests or ophthalmic surgeons—have recognized that people are complex tangles of feeling and flesh, ideas and intestines, and that healing the person requires consideration of the individual as a whole. A large part of what is done by great physicians comes from the right side of the brain, is intuitive, nonverbal, analog in nature, and not amenable to the methodology of science.

To be a great physician is to have the necessary scientific knowledge, and then to be able to recognize that all that knowledge is woefully incomplete; the decisions that need to be made must be based on what the physician believes is best for the individual, unstandardized person, who is not just a collection of biochemical reactions. Of course, one has to know the biology and the chemistry. But the real challenge is for the physician to develop a radar that detects the soul of the patient, to characterize that soul, and to respond on the same wavelength. The very concept is so unsci-

Letters

entific and so contrary to the methodology of laboratory research that it is virtually impossible to oscillate between the laboratory and the clinic without doing a disservice to one or the other.

I hope that Shaywitz will read his comment quoted in this letter again and ask himself whether in fact the questions that are asked by scientists and by physicians are the same. If he truly believes they are, then I have deep concerns for his patients. I have less concern for his laboratory, because his laboratory did not come to him seeking his care.

George L. Spaeth
Professor of Ophthalmology
Jefferson Medical College
Director, Glaucoma Service
Wills Eye Hospital

I applaud David Shaywitz's excellent report on the difficulties inherent in being a physician-scientist ("Dual or Dueling Degrees," Summer '95). Like others, I have embarked on a different but also common route to this career. Since graduating from HMS without a PhD, I first immersed myself in clinical activities as a resident in internal medicine at Penn, an emergency room attending at a busy New York City hospital, and as a hematology-oncology fellow at Cornell. Only after this intense clinical training, and with barely a modicum of basic science skills, did I join a PhD-heavy top flight laboratory at Rockefeller University. Over the past two and one-half years I have hopped back and forth from the bedside to the bench and feel I can make some comments on this career path.

The main difficulty in doing both is not that one cannot keep up clinically, but rather that every minute spent away from the lab makes it harder to compete in that arena. Clinical medicine doesn't move nearly as quickly as the laboratory. With a few months of study and experience, most physician-scientists I know can easily regain their clinical reflexes. As a matter of fact, and as alluded to by Shaywitz, basic science training really furthers one's clinical acumen, making one a more careful and rigorous medical practitioner.

Too many clinicians know little about molecular and cellular biology, forcing them to dispense pharmaceuticals or order tests that they know little about. On the other hand, basic science will bypass a dilettante at warp speed. I think one can do both only by spending a much greater percentage of time in the laboratory.

There is something to be said about the axiom that clinicians understand things better on a global scale and the PhDs do better science. Perhaps physician-scientists should be earmarked for a more "translational" career, bringing laboratory advances to the bedside or clinical ideas to the bench.

Despite all this, clinical medicine is fun and exciting, while basic science is challenging and unrestrained. It is no wonder that so many of us want to do both.

Robert H. Glassman '87

Pulse

50th Anniversary Program for Scholars

The 50th Anniversary Program for Scholars in Medicine will be launched in 1995 in conjunction with the 50th anniversary of the entrance of women to Harvard Medical School, announced Eleanor Shore '55, dean for faculty affairs and chair of the anniversary committee. The program, which will offer competitive stipends and other forms of support to junior faculty at "the most vulnerable point in their career," is being initiated to strengthen HMS efforts at increasing the diversity of the faculty.

Junior faculty have been targeted for this program because it is at this point that they have just finished long, rigorous training and must compete for grants, publish and, if clinical, practice at the same time they may be starting or adding to family responsibilities. Shore and her committee identified two key factors in a junior faculty member's decision whether to remain on the academic ladder: time and support.

The goal of the new program is to provide 10 stipends a year. The awards, suggests Shore, could be used for mini-sabbaticals when the scholar might "buy out" of clinical responsibilities long enough to write a grant, finish a research project or prepare a manuscript. The stipend might also be used to hire laboratory assistance for a junior faculty member who does not yet have independent funding.

It is hoped that this support will be a "particularly important element of HMS's efforts to enhance the representation of women on the faculty," says Shore. "Although representation of women has increased significantly at the level of student and instructor, a considerable drop-off begins at the assistant professor level and continues dramatically to the level of full professor."

Dean Daniel Tosteson '48 has

asked Shore to head a committee to establish criteria and procedures for reviewing applications. But all this hinges on the program's first goal: to raise the $3 million deemed necessary to give the program a healthy start.

Funds for Alzheimer's Research

When former president Ronald Reagan announced late last year that he suffered from Alzheimer's disease the country was shocked, but respected his courage. To acknowledge the contributions Reagan and his wife, Nancy, made to increasing awareness about the disease, the former first couple were awarded the David Mahoney Prize by the Mahoney Neurosciences Institute.

The Reagans are the first recipients of the prize, which was established to recognize individuals who have helped increase public awareness about neuroscience and neurodegenerative diseases. Nancy Reagan accepted the award during a dinner celebration in New York in June.

Finding a cure for Alzheimer's disease will also be the goal of a $7.8 million gift to HMS from the estate of a Los Angeles couple, Edward and Anne Lefler. The donation, which was made in May, will be used to establish the Edward R. and Anne G. Lefler Center for the Study of Neurodegenerative Disorders. Based at the medical school, it will fund a professorship, fellowships for graduate and postdoctoral students, and grants for innovative research and experimental research.

Edward Lefler suffered from Alzheimer's disease for 10 years before his death in 1994; Anne Lefler died in 1991. The couple, who did not have children, stipulated in their will that they wanted a large portion of their estate dedicated to research into this disease, which afflicts roughly 6 million Americans.

"I chose Harvard because it is a superb institution and I knew Anne and Ed would be proud of the way Harvard Medical School would honor their memory and carry on their legacy," said Daniel Bernstein, trustee of the estate.

Former First Lady Nancy Reagan receives the David Mahoney Prize from David J. Mahoney and Dean Daniel Tosteson.

Pulse

Doctors Learn to Teach

Harvard Medical School and the Harvard Graduate School of Education have developed a joint program to teach the doctors of today how to educate the doctors of tomorrow. Thirty-one physicians from around the world participated in the Program for Physician-Educators, which is co-directed by Elizabeth Armstrong, director of medical education at the medical school, and Robert Kegan, senior lecturer on education at the education school.

It is funded by a $1.5 million grant from the Josiah Macy Jr. Foundation, which also funds a one-week leadership course for medical school senior faculty and administrators, and two year-long fellowships in medical education for visiting faculty.

"The grant supports joint ventures across schools within the Harvard community that draw on experts in disparate fields," Armstrong said. The Program for Physician-Educators addresses the related issues of learning and teaching, curriculum, evaluation and leadership.

From left to right, Felix Chew, Margaret Waterman, Elizabeth Armstrong, Sam Kennedy and Virginia Eddy are teaching doctors how to teach.

photo by Jon Chase

FIRST DAY OF ISSUE

Collector's Item

It's not every day a new stamp comes to town; even more unusual is if the picture on the stamp is of a woman professor from Harvard Medical School. The rarity of the occasion helps explain all the excitement as philatelists and public health practitioners filled the lobby of Harvard School of Public Health on July 11, 1995 for the the First Day of Issue ceremony to unveil the Alice Hamilton U.S. postage stamp.

In 1919 Hamilton became the first woman Harvard faculty member when she was appointed an assistant professor of industrial hygiene at the medical school, which at that point incorporated a few departments that later became the Harvard School of Public Health. Her studies on lead poisoning in industrial workers pioneered the study of occupational medicine. In his remarks at the ceremony, Harvey Fineberg '71, dean of HSPH, remarked on Hamilton's fearlessness and determination in her field, and called her a "pioneering spirit for women." Hamilton died in 1970 at the age of 101.

"Alice Hamilton was no ordinary woman," said Deborah Prothrow-Stith '79, assistant dean for governmental and community programs at HSPH and a speaker at the event. "In fact, she was no ordinary human being."

The 55-cent definitive stamp of Hamilton is part of the U.S. Post Office's Great American Series. (Definitive stamps are printed in large quantities and are available for a long time as opposed to commemorative stamps, of which a limited number are printed and are available for only a short period of time.) Initiated in 1980, this series already has 54 pieces, including stamps commemorating other notable women in history like physician Virginia Apgar and suffragist Alice Paul.

Connecticut artist Chris Calle designed the Hamilton stamp, of which 200 million will be printed. Calle and his father, Paul Calle, also designed the Moon Landing Stamp, which the U.S. Postal Service says is one of the most popular stamps ever made.

Since 1847, when the first postage stamp appeared on the American scene, "stamps have attempted to show the American experience," said Nancy George, vice president of northeast area operations of the U.S. Postal Service. "Stamps are a tiny canvas that portray the history of America."

President's Report

by John D. Stoeckle

Amid graduation and class reunion days this spring, the Alumni Council discussed teaching and learning, money, women in medicine, and organizational changes at HMS.

On teaching and learning, Suzanne Fletcher '66, Gordon Harper '69 and Ron Arky addressed the New Pathway's distinctive courses, Patient-Doctor I, II and III. In these, both teachers and students now learn. For teachers, learning to teach is a major effort in course preparation with the many faculty tutors (103 in Patient/Doctor I, 600 in Patient/Doctor II, 57 in Patient/Doctor III); for students, not only is learning the patient's perspective and clinical skills part of the content of courses, but issues of professional relationships (with patients, staff, teachers and institutions) are examined in students' accounts of their careers in becoming a doctor.

On money, more of course is needed, especially in making the school affordable to students, since more resources are being restricted. A. Cushing Robinson, dean for resource development and public affairs, and Cliff Barger '43A, chairman of the Alumni Fund, addressed these needs with hopes for larger donations.

On women in medicine, Eleanor Shore '55 reported November plans to continue the year-long celebration of 50 years of women at HMS, a theme of a recent HMS *Alumni Bulletin*.

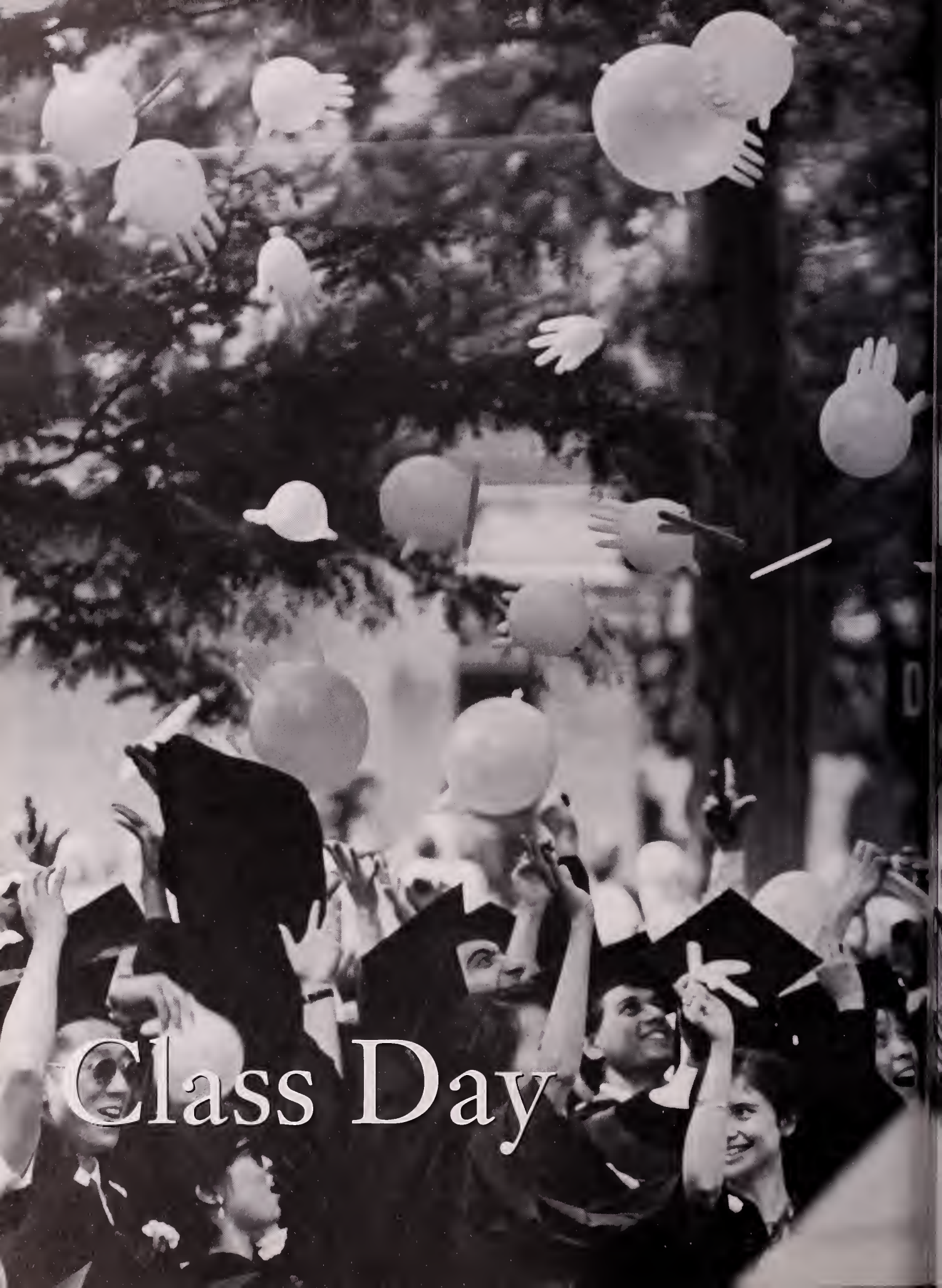
On HMS organization, Dean Daniel Tosteson '48 noted the development of "institutes," bringing together scientists of diverse interests (and departments) for collaborative work; the appointment of new deans for clinical affairs (Richard Kitz) and for faculty development and diversity (William Silen); the expanded size of HMS graduate education, now with some 450 PhD candidates in addition to some 660 MDs; and the development of the former English High School alongside Vanderbilt Hall into a research center, housing both hospital and medical school laboratories.

These formal reports aside, there were informal reflections on where the educational future lies, with more care moving outside the hospital and more efforts to contain the costs of care—if not of education.

Chester d'Autremont '44 was nominated to represent the Alumni Council at the larger Harvard University Alumni Association, and at the business meeting on Alumni Day, I turned the gavel over to the new president, Stephanie Pincus '68 and her council (see the masthead of this issue for the names).

The council is a great experience for those of us who have been privileged to serve—to learn the changes facing HMS as the world of practice and clinical science moves so fast.

John D. Stoeckle '47 is HMS professor of medicine emeritus and physician, Massachusetts General Hospital.



Class Day

Graduates throw inflated rubber gloves into the air as their degrees are conferred during morning exercises in the Yard.

photo by Kris Snibbe

CLASS DAY 1995 WAS MARKED BY SHIFTing moods and changing weather. While graduates disembarked from the shuttle bus that brought them from the morning ceremonies in the Yard, sunlight streamed through the woven brims of straw hats, casting flecks of light onto the colorful spring dresses worn by many of those waiting to greet them. But soon after lunch, as everyone took their seats and the chords of "Pomp and Circumstance" sounded above them, the thinning sun faded to gray drizzle. Those standing along the edge of the tent huddled closer together to block out the chill. They shivered and moved toward the graduates, who radiated with energy and warmth.

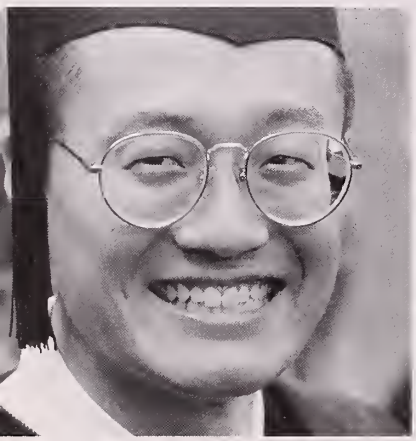
Felix Nuñez opened the program with a salute to "the beautiful woman" at his side, Chastity Jennings-Nuñez, who was not only his co-moderator, but had also become, a week before, his wife. Jennings-Nuñez was honored, she said, to be addressing the class while the school was celebrating 50 years of women at HMS and an incoming class in which over 50 percent of the students are women.

The Nuñezes introduced their classmate Jordan Fieldman, who after seven years at HMS, is finally receiving his degree. "It's great to be graduating," said Fieldman, and it's also great, he said, to be alive. Fieldman told the story of why it took him so long to wear the crimson hood. In 1989, his first year at medical school, he was diagnosed with a brain tumor. After being told the chances of recurrence were high, and consequently his chances of longterm survival nonexistent, he became intensely aware of the relationship between scientific fact and nature's unpredictability: "Forays into alternative medicine, despite my skeptical nature and rigorous scientific training, are not difficult to understand. When Western medicine gives you 0 percent odds of surviving five years, it suddenly becomes a matter of 'I want to live' versus 'I want to understand and have proof'."

Living in the face of dying is painfully dramatic but not, in Fieldman's

mind, devoid of humor. While his talk was accentuated with quips and puns, at one point, Fieldman made a slip in speech that inadvertently characterized as much about his intrepid refusal to submit to his grim diagnosis as has his survival two years after statistical prognostication. While he meant to say he wanted to write a four-word letter to journal editors who predicted a 0 percent chance of survival for his type of brain cancer, instead he said "four-letter word." The effect was not missed on his audience.

Rodney Taylor roused the audience from their quiet reflection with the robust bravado of his former football player self. He invoked the philosophy of his Harvard football coach, Mac



Class Day photos by Lionel Delevingne

Hans Kim

Singleton, who "instilled in me and his other players that whatever it was that we decided to pursue, we should have fun." And while "the idea that I could have fun while toiling away and sacrificing as a pre-med seemed implausible," Taylor said he has incorporated these wise words into his outlook on life.

But Coach Mac was not the only person to inspire Taylor, as he also found guidance in the abbreviated meditations of his renal pathology professor, Helmut Rennke, who told him "What you see is what you get" and that no matter how much we may want them to, people rarely change. Taylor took this message to heart: "I realize that there are shortcomings in my life that I am not pleased with—personal

Joshua Hauser

snags that I hope are transient rather than permanent... .I have embraced the challenge of Professor Rennke's words and have continued to use them as a launching pad toward my personal growth and development."

Guest speaker Bernadine Healy '69, director of Health and Science Policy at the Cleveland Clinic Foundation, explored the pride and prejudice of women at Harvard Medical School: a century of prejudice against them as they tried unsuccessfully to be admitted, and now a half-century of pride in their accomplishments. "Prejudice means 'prejudge'," said Healy. "That is something that physicians and scientists in particular must never fall prey to."

Healy also offered a glimpse into the graduates' future work environment and foretold a not-too-distant future when the fantastic forces of genetic forecasting and virtual reality will combine to produce "...a color movie in which the embryo develops into a fetus, is born and then grows into an adult, explicitly depicting body size and shape and hair, skin, and eye color. Eventually...the mother will be able to hear the embryo—as an adult—speak or sing." But while this literal glimpse into the future may have its exciting possibilities, it may also portend anxiety and even disappointment: "What happens if in virtual reality she sings badly or talks back? Or if the parents don't want a brown-eyed brunette, or a crook in the nose, or freckles? What will the prospective parents do...?" A loud thunderclap punctuated Healy's statement here—a certain celestial comment on the folly of those who attempt to fool with nature.

The Nuñezes then presented well loved and respected faculty and staff with awards: Abul Abbas, professor of pathology, received the award for the preclinical years; Lewis First '80, assistant professor of pediatrics, received the award for the clinical years; and Edward Hundert '84, associate dean for student affairs, who has received this award so many years in a row he's acquired the status of incumbent, was presented the award for the faculty member who has done the most for the class. Kate Cox, who after many years as the assistant in the Student Affairs Office has left to pursue a new life in the Southwest, was presented with an appreciation award for her "unending patience with the HMS student body."

And with that, Felix Nuñez turned the program over to Dean Daniel Tosteson '48, "to confer our $100,000 degrees upon us." As if by a silent whistle, a throng of spectators ignored the fine-print line in the program asking everyone to remain in their seats and, armed with cameras and videocams, squeezed into what space they could on both sides of the stage. Accompanied by uproarious cheers, hoots and hollers, Dean Daniel Federman '53 read the names of the graduates as each was hooded and hugged by his or her society master; the graduates were handed leather-bound degrees and the several children who held their hands were given small white teddybears sporting Harvard t-shirts.

In his valediction Dean Tosteson told students to always be attuned to the needs of the person before them, not just the illness of the patient. "Leave out no relative domain of healing," he said, cautioning that "we heal one another, but we also make one another sick." He encouraged the graduates to develop an understanding of the social determinants of disease and closed by encouraging them to embrace "the remarkable vision of a

human being as a biological organism."

With the reading of the oath and one final cheer, graduation for the Class of 1995 came to a close. Among the degree recipients were many who graduated with honors and those who won special awards. They are:

Tamara Callahan, cum laude "The Economic Impact of Multiple Gestation Pregnancies and the Contribution of Assisted Reproduction Techniques to Their Incidence."

Edward Chan, cum laude "Introduction and Expression of the E. coli Beta-Galactosidase Gene in Miniature Swine Keratinocytes."

Susan Domchek, magna cum laude "Specificity in Phosphopeptide/SH2 Domain Interactions as Defined By Direct Binding."

Marian Eakin, cum laude Community Service Award: "Women's Preferences for Breast Cancer Surgery: the Importance of Quality of Life Considerations."

Caroline Ho, magna cum laude Harold Lamport Biomedical Research Prize for the best paper reporting original research in the biomedical sciences: "Linkage of a Familial Platelet Disorder with a Propensity to Develop Myeloid Malignancies to Human Chromosome 21 q22.1-22.1."

Erich Horn, cum laude "A Study of Gender Based Cytochrome p450 1A2 Variability: A Possible Mechanism for the Male Excess of Bladder Cancer."

Vikas Kundra, cum laude "Ekstendin: a Protein Found in Extending Pseudopods."

Chen Lee, magna cum laude James Tolbert Shipley Prize for excellence and accomplishment in research: "Genetic Analysis of the Extra cellular Regions of the Parathyroid Hormone Receptor."

Richard Lee, cum laude "Studies of Skin Graft Rejection Using MHC Class II-Deficient and MHC-Deficient Mice."

Richard Lin, cum laude "The Role of the Fetal Fibroblast and Transforming Growth Factor-beta in a Novel Model of Human Fetal Wound Healing."

Eugene Lit, cum laude "Changes in Vicinal Proton-Proton NMR Couplings in Determining Conformational Changes of Butandedioic Acid as a Function of pH."

John McHugh, cum laude "Photoaffinity Derivatized Local Anesthetics Which Label the Voltage-Dependent Sodium Channel."

John Patterson, cum laude "Parathyroid Hormone (PTH1-84) Increases Bone Morphologic and Biomechanical Properties in Estrogen-Deficient Rats."

Chandrajit Raut, cum laude "Regional Localization on the X Chromosome of Components of the Turner Phenotype."

Marc Sabatine, magna cum laude "Genetic Alterations to Alter Transplant Rejection."

Yoriko Saito, cum laude "Molecular Basis of Murine and Human Erythroleukemia."

George Sakoulas, cum laude "Expression and Role of Basic Fibroblast Growth Factor in Acute Experimental Duodenal Ulceration."

Theresa Shanahan, magna cum laude Leon Reznick Memorial Prize for excellence and accomplishment in research: "Circadian Physiology and the Plasma Melatonin Rhythm in Humans."

Alan Villavicencio, cum laude "Stereotactic Radiosurgery of Skull Base Meningiomas."

Nina Livingston

Sherry Cohen, Sirgay Sanger Award for excellence and accomplishment in research, clinical investigation or scholarship in psychiatry: "Substance Abuse and Mental Illness."

Richard Gomberg, Rose Seegal Prize for the best paper on the relation of the medical profession to the community: "Design of Mental Health and Substance Abuse Treatment Benefits Within the Context of Single Payer Health Care Reform Legislation."

Joshua Hauser and Monique Rainford, Robert H. Ebert prize for excellence and outstanding accomplishments in the field of primary care medicine.

Joel Hirschhorn and Sarah Wood, The New England Pediatric Society Prize.

Chasity Jennings-Nunez, Vernon Rosario and Kristin Sinnock, Multiculturalism and Diversity Award.

Shawn S. Nasseri, Henry Asbury Christian Award for notable scholarship in studies or research: "Chemoprevention in Head and Neck Cancer."

Elizabeth Twardon, The Community Service Award.

Pride and Prejudice

by Bernadine Healy

I AM HONORED TO TALK ABOUT A place and a state of mind that proudly bind us all together. Pride is a driving sentiment of today: your parents and spouses are proud; your children here and to be here are proud; your teachers are proud; you are proud. And medicine too is a proud profession: our patients look to us in their most difficult moments.

Although most of my comments today will be about pride, there is also a historical reason to talk to you today about both pride and prejudice. This year is the 50th anniversary of the admission of women to Harvard Medical School. It started what I like to call the women's era at HMS.

First there was prejudice. I was born under the sign of the Harvard Overseers. It was the summer of 1944, the very summer I was born, that the Harvard Overseers were waging a battle as they deliberated the momentous decision to overcome an age-old prejudice against women in medicine. The culmination of their battle appeared in a report I fetched from the September 26, 1944 edition of the *New York Times:* "Harvard opened the doors of its Medical School to women today for the first time since the school was founded 162 years ago. Closing a long fight, the Board of Overseers of Harvard College approved a recommendation...that women be eligible for admission."

The article went on to explain that the overseers justified their action based on patriotism.

Growing up in Queens, my hometown newspaper was the *New York Times.* Little did my parents know that that report on page 20 would have impact on their newborn daughter. That action made it possible to have little Bernie's application to Harvard Medical School accepted some 20 years later without pretending, like Yentl did to study the Talmud, that Bernie was a boy.

I'm convinced, however, that my parents never read that momentous column. It was on the woman's page,

almost obscured by the surrounding articles on town and country wear, cosmetics made easier, news of unusual foods, and a picture of the 1944 version of the "wonder bra" (some things haven't changed). It is not just that fashion, beauty and gourmet food overwhelmed the successful fight to get women admitted to HMS; it's just that these events were surely dwarfed by the real news of the day, World War II.

The rest of the paper was dominated by war stories. On the front page alone were reports of the Americans and British pouring monster shells over the Siegfried lines at the Nazis; the Red Army had nearly completed the liberation of Estonia; a navy plane called the "Black Cat" sank three Japanese war ships in the South Pacific; and Charles de Gaulle announced that the war was likely to go on until the spring. Also on the front page was a story about the mudslinging battles between President Roosevelt and Governor Dewey—yes, 1944 was also a presidential election year.

Actually, the war and its many battles are not so far removed from why I, and almost half of you, are assembled here today. GI Joe may have won the war in Europe and the Pacific; Roosevelt may have won his battle for reelection; but the silent hero of the day was Rosie the Riveter, who started a revolution. Rosie, as some of you may remember, was the poster child of patriotic women who moved into traditionally male jobs, such as "manning" heavy equipment, building airplanes and cars, and driving trucks—all as part of the war effort.

Rosie's fervor penetrated a more difficult home-front battle: women physicians' struggles to get military commissions. Since the War Department interpreted "persons" that they could commission into the army to mean men only, it took both a desperate need and an act of Congress to enable the commissioning of women into the U.S. Army and Navy Medical Corps. That occurred in 1943, a full two years before Harvard Medical School opened its doors to women.

Bernadine Healy and Dean Daniel Tosteson

In this context I note with enormous pride that HMS's next first-year class, the Class of 1999, will be the second class in HMS history to have more than 50 percent of its members women (the Class of 1998 was the first class to be over 50 percent women), and one of them will be Second Lieutenant Rebecca Marier from West Point. Lieutenant Marier is the first woman to graduate at the top of the class in West Point's 193-year history, which means she was first in all three program areas: military, academic and physical.

So, in truth, it was Rosie's revolution that really brought the Harvard Overseers to end the fight to keep women out of Harvard medicine. The board's decision was based on a shortage of qualified male applicants due to the war rather, I might add, than faith in the abilities of women to prevail academically or in performance. Hey, we'll still take it.

Actually, women had to have stamina; the battle for admission to Harvard spanned a full century. The idea first surfaced in 1847, when it was resoundingly rejected. Then in 1872 Harvard had a second chance but dismissed a proposal to have a female medical college; yet another proposal was turned down during World War I.

Going back to my hometown newspaper, in 1949—the year that Harvard Medical School's first class with women was graduating—the *New York Times* wrote an editorial about women attending Harvard's professional schools—now law as well as medicine. It ended with this sentiment: "The time when women's brains were considered on the average inferior to men's is long past. What is left of that belief is only superstition." Superstition is another word for prejudice.

And so we stand here taking great pride in Harvard's 50-year celebration of women at her medical school; but we should not forget the superstitions and the prejudices that even now sometimes lurk when women go where some prejudge they should not go. Prejudice means "prejudge"; something that physicians and scientists in particular must never fall prey to.

Now let's move on to pride. We—men and women—at Harvard have a lot to be proud of since the time when the overseers made their momentous decision. Medicine of the past 50 years has been about medical research transforming our medical world, about practice translating that research into all kinds of human benefit.

World War II transformed us in immeasurable ways. Not just our view of women, or about women in medicine, but our entire profession. Just like the face of its student body, the very face of today's medicine was fashioned by the World War II era and the

Theresa Shanahan and her baby, Emily

events of the immediate post-war years.

During World War II, President Franklin Roosevelt declared that after the war our nation should direct the power of science and technology, so critical to winning the war, towards civilian goals. Science was dubbed "the endless frontier." Roosevelt—perhaps because he knew the suffering of chronic debilitating disease—singled out medicine above all the sciences as the national pursuit to bring maximal benefit to the lives of all Americans. To achieve the common good, the next war was to be the war on human disease; the ramparts America watched became medical, not just military.

During this incredible time, the National Institutes of Health was developed, intentionally separate from the other areas of science. Medical research was not funded as part of the National Science Foundation, as some advised at the time, but apart because of its crucial mission to protect and improve the health of the public. One measure of the importance of that 50-year-old political decision is that the NSF is now a $3 billion agency, while the NIH exceeds $11 billion annually. And you don't have to be in medicine to see just how that investment has paid off.

Just look at those post-war years of the 1950s and compare them to today. You all hear about the wonderful fifties. My teenage daughter has fifties parties. This was a glorious time in our history, not just a time when Harvard was finally graduating women, but a time when the economy was expanding, our country was prosperous, we had peace at home, and the Marshall Plan was rebuilding Europe.

But our physical and mental health were not so glorious. We were in the midst of an epidemic of heart attacks and sudden death among middle-aged men that we didn't understand. Cancer was an unspeakable, incurable disease. Those with severe mental illness were seen as hopelessly insane. Growing up in Queens in the 1950s, I used to look down on a mysterious edifice on a little island one could see from a distance while crossing the Queensborough Bridge—it was called the Hospital for the Incurably Ill. I imagined it to be a scary place, an Alcatraz for the sick and discarded.

The sick were too often discarded back then. Not because we did not value them but rather because we did not have the means to help them. There was no heart surgery to make blue babies pink, to prevent heart attacks or replace deformed heart valves. We did not have cardiac pacemakers, artificial hips or knees, kidney dialysis or organ transplantation.

We had no effective treatments for high blood pressure; no chemotherapy or radiation treatment for cancer. Penicillin was a miracle breakthrough of the war years, but essentially the only antibiotic. Rheumatic fever was still rampant among our children. Frontal lobotomy was being celebrated worldwide as the breakthrough treatment for severe depression and had just won the Portuguese neurologist Antonio Egas Moniz the Nobel Prize in Physiology or Medicine.

And then there was polio. President Roosevelt was in a wheelchair because of it. I vividly remember summer fears of polio. More than once, the health

officials closed the public swimming pool in our neighborhood because of the risk of polio. I recall the fear in all the moms each time their child had a summer fever or sore throat. Louie, who lived next door to us, got polio; he survived but was left paralyzed. How far we have come these many years from the glorious fifties.

We in medicine have a lot to be proud of when you think back to those times, not so very long ago. Medical research and innovation from places like Harvard have revolutionized our lives. We can now cure many cancers; treat virtually all. Polio is no longer a summer dirge of our inner cities. We have seen dramatic decreases in mortality from heart disease and stroke. Neuropharmaceuticals targeted at selective brain chemicals for treatment of depression and anxiety have superseded lobotomy. And these past successes have only increased our expectations for doing better and doing faster for many challenges we still face.

But those successes did not occur by accident. By choice, medicine and medical research in this country have become a priority. We spend a trillion dollars as a nation on our health. We invest over $11 billion in biomedical research through the National Institutes of Health and another $13 to $14 billion through private sector research to sustain the advances in medicine and to cure the illnesses of today and tomorrow. This unwavering investment in medical care and innovation is part of that sustained strategic commitment to health made almost 50 years ago.

And that is why the United States leads the world in advanced health care, but also why that care is so expensive. As one wag aptly noted: "In the rest of the world, death is inevitable; in the U.S. it's an option." We have been striving to produce the best at whatever cost. Modern medicine has changed our expectations of life, as much as quality of life and length of life.

For tomorrow's practice, will there be pride or prejudice? As we look to the next 50 years—the years in which we will all see our children work and raise families, and in which you graduates will reach your prime and even start to think about retirement—we will see even more profound transformations of our world by virtue of discoveries in biology and medicine.

The powers of molecular and structural biology and biotechnology continue as a new and seemingly endless frontier. No human disease should be safe from extinction or radical control. Genetically engineered cancer vaccines hold the promise of destroying even the most advanced and spreading tumors. Reconstituting the human immune system will allow AIDS victims to live with their disease.

Learning how to destroy human viruses lurking within living human cells will bring us cures for HIV, hepatitis, many tumors and even, at long last, the common cold. Understanding, delaying, preventing or curing Alzheimer's disease would have helped the 4 million Americans afflicted today, but given its predicted growth, is desperately needed to save the 16 million Americans projected to have this disease in the year 2040.

We are mapping the human genome, the command and control center that carries the code for much of who we are. Molecular medicine will rewrite the textbooks of tomorrow. We have already discovered genes for cystic fibrosis and colon and breast cancer; we have linked genes to prostate cancer, osteoporosis, and some forms of heart disease. In time we will understand the genetic determinants of addictive behavior, common forms of atherosclerosis, manic-depressive illness, and maybe even intelligence and artistic talent. With each discovery comes more understanding about how to detect, delay and cure disease, but also an increased understanding about the nature of life, human and otherwise.

In the process, the universe, to paraphrase Freeman Dyson, will surely be perturbed, and much of human biology and many of the health decisions you will make will be markedly different from the ones you have learned here. (So much for all those tuition payments.) Some of the changes seem obvious and are the price of success:

- The patients you will care for will be older—so will you, come to think of it. You will be pushing up against that probable human life span of about 100 years. This is okay if you are fit and productive, but depressing if it means more nursing homes, bankrupt Social Security and Medicare, and a wave of tenured professors with Alzheimer's.

- You will treat more chronic disease; as a corollary to living longer, chronic disease will increase. Women already face more chronic diseases than men, in part because they live seven or eight years longer. Osteoporosis, arthritis, stroke, heart failure, dementias and recurrent cancers will demand your

Richard Lee and his baby, Amanda

attention as never before. The focus in research and practice will be as much on quality of life as on quantity of life.

• You will practice more preventive medicine, but it will be a newer form—high-technology prevention. In fact, let me be the contrarian to the voices who say that prevention is the cheapest form of medicine. That's true, if we are talking about yesterday's prevention: good hygiene and sanitation, exercise, eating a low-fat diet, not smoking, and watching your weight and blood pressure. But that is only a small part of the prevention you will be practicing in the future.

Think about some recent trends in that direction: a lifetime of cholesterol-lowering agents for some patients with intractably high serum cholesterol levels; hormone replacement for women and maybe for men not for 2 years but for 20 or 30 years; prophylactic colectomy for those under 40 with familial polyposis. As we more precisely define risk in genetic terms, we will feel the obligation to do something long before any disease appears.

As one breast cancer survivor said, after the much awaited and celebrated recent discovery of the breast cancer gene: "So what, if all it does is tell a woman she will get breast cancer when there is nothing she can do about it!"

The point is, we will be compelled in most cases to find out what to do about it. And that means treating diseases before they occur. If an individual gene is viewed as a ticking time bomb, that may translate into mastectomy or ovary removal or years of drug treatment before any disease appears. Will the prostate cancer gene lead to prophylactic removal of the prostate or its medical equivalent in early middle-aged men?

Extending such high-tech diagnosis and prophylactic treatment to diseases before symptoms appear will have its pluses, but also some minuses. The economic cost of health care will surely rise, and in all likelihood so will the prevalence of both anxiety and depression—in turn prompting further excursions into other preventive interventions, perhaps prophylactic Prozac.

As we pause with pride about all the many advances that we will encounter in the medicine of tomorrow, we also must pause in awe of the power of tomorrow's medical and life sciences to transform the world in which we live and the ways in which we think. For medical science to continue to flourish and realize all the dreams of tomorrow, we must acknowledge that ethics and the public interest will more and more become companions, wherever science goes.

Those of you who read *Jurassic Park*—written by one of my classmates here at Harvard Medical School—were entertained by the fiction of genetics and biotechnology gone mad. But there is a sobering thought in something one of the main characters says: "We are witnessing the end of the scientific era."

Rini Banerjee

It is our responsibility, and it will be yours especially, to assure that that fictional apocalypse does not occur. Your generation of Harvard doctors will come face to face with a whole new realm of dilemmas driven by science that earlier generations fretted about only in science fiction or in ivory towers. Let me mention just a few:

• Beginning- and end-of-life decisions will get harder and harder. Living wills are becoming common practice; such wills defined medical care choices in the final weeks of life of both Richard Nixon and Jacqueline Kennedy Onassis last year. Stepping far over the line of professional ethics, however, we see Jack Kevorkian. He and his supporters chillingly seek to redefine the role of physician as the destroyer of depressed and suffering souls who ask to die.

• Genetic therapy on somatic cell lines is here; how will we define the limits of gene therapy on gametes—the germ pool that carries pertubations faithfully into future generations whether they like it or not?

• Growing human embryos in the laboratory solely for research purposes was hotly debated last year. Under a moratorium, most recently from President Clinton, this work was again banned from NIH support. (Personally, this is one ban I support.) Nonetheless, two distinguished academic panels at NIH tried hard to gain government support for such experimentation, and it is only a matter of time before the issue surfaces again.

• Young college women are being actively solicited for egg donation through ads in college newspapers, with some ads requesting specific religious background and physical type in the egg bearer. Especially troubling, some women are lured by thousands of dollars, yet the full long-term impact of the donation procedure on the donor's health is by no means clear.

Class moderators Felix Nuñez and Chastity Jennings-Nuñez

• We hear a lot about privacy rights, but what about genetic privacy? What if we can define a gene for alcoholism, schizophrenia or some other behavioral feature, whether or not it is ever phenotypically expressed? What are the implications for life insurance, health insurance or job applications? This defines a new kind of potential prejudice.

• And finally, imagine virtual reality designer children: Although the farthest off, it is not science fiction to imagine the impact of full knowledge of an individual's genetic makeup. In a March 1995 article in the journal Science, which "blue-skied" about future scientific developments, Harvey Lodish, a distinguished molecular biologist from MIT, made a rather evocative prediction: "By using techniques involving in vitro fertilization it is already possible to remove one cell from the developing embryo and characterize any desired region of DNA. Genetic screening of embryos, before implantation, may soon become routine. It will be possible by sequencing important regions of the mother's DNA to infer properties of the egg from which the person develops.

"This information will be transferred to a supercomputer together with information about the environment, including likely nutrition, environmental toxins, sunlight and so forth. The output will be a color movie in which the embryo develops into a fetus, is born and then grows into an adult, explicitly depicting body size and shape and hair, skin, and eye color. Eventually the DNA sequence base will be expanded to cover genes important for traits such as speech and musical ability; the mother will be able to hear the embryo—as an adult—speak or sing."

A breathtaking notion. That embryo-adult in virtual reality on your supercomputer is your future generation looking back at you through a crystal ball. But, what happens if in virtual reality she sings badly or talks back? Or if the parents don't want a brown-eyed brunette, or a crook in the nose, or freckles? What will the prospective parents do, inevitably armed with high-technology prevention and gene therapy? Crystal balls are supposed to show you the future; they don't usually give you the chance to change it.

Our astounding successes in science

Mark Johnson is surrounded by his family.

and medicine will bring us joy and benefit, but also problems. Today we are confronting the economic challenge of the extraordinary success of the wonders of biology and medicine. But tomorrow we will confront new kinds of ethical, social and moral challenges that will make the economic problems that seize the headlines now seem simple, and the battles over whether or not to admit women into medical school seem downright petty.

What this medical world of tomorrow will demand is a generation of informed leadership in research and practice who have the courage and the wisdom to get this right. It will take persistence and disciplined thought and broad debate throughout society, way beyond the ivory tower. It will take knowing what you stand for in ethical and moral terms. It will require your making it, your own way and by new paths, as researchers, clinicians and as fully engaged members of a changing society. It will take the wisdom and perspective of women as well as of men working together on matters that no one man or one woman could even begin to face alone.

Doesn't that make you all glad that the overseers came around some 50 summers ago to admitting women to Harvard Medical School? With pride and prejudice then; with pride and relief today.

Bernadine Healy '69 is a physician and director of Health and Science Policy at the Cleveland Clinic Foundation. She is former director of the National Institutes of Health and, in the fall of 1995, will become dean of the School of Medicine at Ohio State University. This speech is based in part on thoughts included in her book, A New Prescription for Women's Health: Getting the Best Health Care in a Man's World *(Viking, 1995).*

Reflections From the Edge

by Jordan B. Fieldman

IT'S AN HONOR AND PRIVILEGE TO address the women and men of the Class of 1995. It feels great to be graduating. Although my only degree is an MD, I can proudly affirm, "Medical school, the best seven years of my life." I have had many nontraditional experiences during my time at HMS, from living in Asia with Tibetan lamas to spending a research year down in Bethesda at Bernadine Healy's '70 former home. My first side trip, however, was not by choice.

During the fall of my first year at HMS, I was having difficulty reading the blackboard and was subsequently diagnosed with malignant brain cancer. I was given a 5 percent chance of surviving one year, providing that I survived a risky 15-hour neurosurgical procedure. The surgery left me without sight, which I was told would likely not return. Unexpectedly, I had to revisit the surgical suite for complications from a screw that inadvertently had been left in my head. (I had often been told that I had a screw loose, but this was a little different.)

After nine months of experimental inpatient chemotherapy followed by daily craniospinal irradiation, I was told that my diagnosis carried a five-year survival rate of 0 percent. I checked my Harrison's *Principles of Internal Medicine* to confirm this and read that five-year survival was nonexistent because recurrences were "invariable." I decided that if I managed to survive five years I would write a simple, four-word letter to the editors. It would say, "Maybe not so invariable."

Perspective was suddenly thrust in my face. It became exceedingly difficult to hold the tasks of medical school to the same degree of importance after being informed that I was dying. Fortunately, to paraphrase Mark Twain, the reports of my dying were greatly exaggerated.

Living as a terminal cancer patient while participating fully in the activities of a medical student offered me a unique glimpse into doctor/patient dynamics, based on my having "a foot in each camp." I bore witness to much doctor-bashing during support groups for cancer and pain patients as well as in alternative medicine circles. Among medical people, I heard frequent alternative medicine-bashing, and also some very denigrating attitudes toward patients. It was quite difficult at times to be part of a system that supported my dying and not my living.

Forays into alternative medicine, despite my skeptical nature and rigorous scientific training, are not difficult to understand. When Western medi-

Peabody Society Master Ron Arky gives Sarah Dick a congratulatory hug.

cine gives you 0 percent odds of surviving five years, it suddenly becomes a matter of "I want to live," versus "I want to understand and have proof."

The word "invariable" felt particularly harsh. One of the ways we can help bridge the chasm that often seems to separate patients from doctors—"them" from "us"—is to be mindful of the language we use. For example, when we do our best to treat a patient's condition but do not succeed in improving it, we commonly say, "The patient failed therapy." Yet, was it truly a failure on the patient's part or was it our treatment or even we who "failed?"

The label of "patient" in and of itself has an effect on the psyche. It supplants a person's usual labels relating to career or family roles. This new label can be disempowering, constraining or even condemning. Imagine how it might affect the patient/doctor relationship if we acknowledged our common goals and considered our patients as "partners in healing."

The labeling can degenerate further as someone moves from being a "person" to a "patient" to "the fibroid in room 8." I watched this metamorphosis with interest during my own hospitalization. One day I was a person; the next day I was a brain tumor. A month later I was a medical student. A week later I was Cisplatin and Cytoxan in 513.

Costumes also influence our perceptions. When I put on a white jacket, I am a medical student. When I put on a johnny, I am a patient. Although it is the same person underneath the different outfits, the words, labels and costumes can actually affect the way we feel, act and respond.

Remember how exciting it felt to put on a white jacket for the first time? We felt special, different, separate in some way from the other "role-players" in the hospital. Our minds create a distinction between physicians, non-physicians and patients. Arrogance can arise when we over-identify with our role and our perceived importance. It helps to feel our feet against the ground and remember we are human beings like everybody else.

One frequently cited term that bears closer examination is the enigmatic juxtaposition of the words "false" and "hope." While often invoked under the pretext of not misleading a patient, the notion of "false hope" is ludicrous at best, and detrimental at worst. People need hope. Hope heals. This year's Harvard University commencement speaker, Vaclav Havel, once wrote, "[Hope] is as big a gift as life itself."

Hope is a feeling—you either have it or you do not. It cannot be false anymore than we can experience false joy, false sorrow or false frustration. Most of us are probably feeling happy right now at our graduation. Can we be sure this is not "false happiness?" We need to distinguish between so-called "false hope" and wishful thinking. (Although I am not so sure that wishful thinking is devoid of any benefit itself!)

Compassion is crucial on the wards. Our patients, often frightened, are stripped of clothes and context and identitified only by room number and disease. It serves neither them nor us to perceive them as puzzling pieces of pathology, or worse, as "hits" designed to make our day that much more wretched before we can finally slink off to sleep.

At least as important as compassion for our patients is compassion for ourselves. We are about to receive a rather pricey piece of paper in recognition of a commitment to the alleviation of suffering. There are few nobler goals. Yet we are being asked to make supreme sacrifices over the next several years, to accept work schedules and lifestyle conditions that would be unconscionable to impose on prison inmates. We will be overworked, underpaid, overtired, underfed. Our inspiration may be coming less from such icons as Sir William Osler than from the Energizer bunny that keeps going and going and going.

Our exploitation will contribute to tremendous strain on our emotions, our bodies and our relationships. Without compassion for ourselves under such oppressive conditions, we cannot be of any benefit to our patients or our loved ones. Our hearts

Edward Hundert, associate dean for student affairs, corrals the class into place.

harden, our thoughts become bitter, resentment thinly veiled as cynicism permeates our interactions, and we suffer as much as or more than our patients. Depression, substance abuse and divorce all too commonly color the postgraduate training experience.

Suffering is no stranger to me. Been there, done that. In some ways, though, as horrendous as the cancer experience was, dealing with the subtle, daily, chronic psychological stresses is more vexing. It is not as easy to "mobilize against the enemy." As the saying goes, "We have met the enemy and it is us."

We have acquired new knowledge, new tools, and a new vocabulary that entitle us to be called "doctors." Yet we remain human beings, subject to a full range of feelings. From day one at HMS we are told of the countless Nobel laureates who once sat in our very seats. As overachievers, we tend to internalize these expectations. What if one of us here does not receive a Nobel Prize?

Our fear can manifest as insecurity, which in turn contributes to self-judging and approval-seeking behavior. We will have opportunities to assuage our insecurities by working extra hours to make a good impression. Approval and praise feel wonderful, yet our physical and mental health is more valuable. Trust me.

During the acute phase of my illness, I lived entirely in uncertainty. I had survived the December surgery but had no guarantee that I would live to see buds appear on the trees. It became eminently clear to me what was important in life. I was not on earth to impress people, to achieve recognition or accolades. With Death breathing down my neck, it was quite obvious that whether I was buried with straight As or straight Cs would not matter to the worms. The only experience that retained true meaning was giving and receiving love. The rest was but a dance around that central nourishing theme.

We must give ourselves permission to enjoy life without needing to get cancer to do so. It helps to be able to distinguish between the ego's desires and those of the heart. Very few people at death's doorstep lament not having worked more hours. There is a Chinese proverb that says, "Enjoy yourself. It is later than you think."

None of us is the same person we were upon entering medical school. Let us celebrate our growth and honor our original heartfelt reasons for undertaking this heroic journey. We now move on to the next phase, not just of our careers, but of our lives. This is our life. Life does not suddenly begin when we finish training.

Unfortunately, I am not the only HMS student to receive a cancer diagnosis. Several others in our class have had histories of cancer. I felt a particularly strong bond with one of these people, because we both joined the first-year class in 1989 having recently been treated for brain tumors. I was heartened to see him this December, and we congratulated each other on making it this far and on our upcoming graduation. Jim Smith died suddenly this January. A tragedy for all who knew him, this was a somber, sobering reminder of my own vulnerability, my own mortality. Although we are young and mostly healthy, our prognoses are all the same. Life is a terminal condition. None of us can predict with certainty when the final breath will come.

Life is a rich and beautiful gift with virtually unlimited potential. And sometimes, life sucks. In medicine, as in life, there is so much to know, so much to learn about living, about loving, about being happy, about compassion. Living among Tibetan refugees in Nepal for half a year, I used one phrase particularly often while learning to speak their language. This phrase might also apply to our journey through life: "Kali, kali, ha khogi re." Slowly, slowly, I will learn.

To conclude, "What would you think if I sang out of tune? Would you stand up and walk out on me?" I stand

here today, alive, singing out of tune, as testimony to the tremendous support and love I have received, far exceeding what I ever could have imagined, from friends here at HMS and elsewhere who did not walk out on me. I got by with a little help from my friends. Thank you.

Jordan B. Fieldman '95, who graduated with honors, is working with the Mind, Brain, Behavior Initiative at Harvard and working on a manuscript while applying for internships and neurology residency positions.

Words to Live By

by Rodney Taylor

AFTER SPENDING FOUR YEARS OF college and medical school at Harvard, I just could not wait to share with you some of my thoughts and experiences. I've thought about this speech for months now. It's a great speech—I mean it's really good. It's full of new philosophies, deep thoughts and life-changing stuff. It's the kind of speech that makes you look at the world in a whole new way! So last night I tore it up. That's right, I ripped it into tiny pieces.

A good friend called me last night and I dared to read my speech to him. I got about halfway through when I realized that it was more likely to induce slumber than change anyone's life. It simply did not feel right. I realized that I had gotten caught up in the impossible task of fitting eight years of growing up into a five-minute speech. After all, during this time I discovered my love for medicine, entered adulthood, and have begun to experience the successes and failures that have shaped the person I am today. I wanted my speech to reflect all of these significant things. My friend reminded me that my life changes took eight years to happen, surely I could not expect to change other people's lives in five minutes by reflecting on my own.

So I refocused and attempted more humble aims. For just a few moments I would like to share a couple (out of many) experiences that I had at Harvard that have proved important and lasting for me. If my experiences have any meaning or entertainment for you, great. If not, just say they did.

One of the individuals for whom I am very grateful is my former Harvard football coach, Mac Singleton. I met Coach Mac very early in my Harvard career when my confidence was the most fragile and my vulnerability was at maximum. Coach Mac's legacy to me was as important in its timing as it was in its content. He instilled in me and his other players that whatever it was that we decided to pursue, we should have fun.

The concept that the rigors of college work could be fun was truly novel to me. Now sports, dating and partying—sure that was fun, but the idea that I could have fun while toiling away and sacrificing as a pre-med seemed implausible. I thought that especially at a place like Harvard, I would relinquish any meaningful enjoyment in exchange for a ticket to a brighter future. But Coach Mac reminded and exhorted us so frequently to have fun while working towards our pursuits, that I eventually believed it was possible.

This attitude generated in me a confidence in both my academic and nonacademic quests at a time when it could have been stripped so easily. I feel that this perspective has provided the correct balance of humor and sobriety in my life. As Coach Mac did for me, I am eager to provide for someone else the same kind of encour-

aging words at a time that may prove equally useful to them.

Another important encounter occurred in our second year of medical school during the renal pathophysiology block. Professor Helmut Rennke was our instructor and I had come to admire his zest for teaching. One morning during a break when he happened to be nearby, I uttered the sometimes provocative but always friendly phrase: "Tough being a man." Curious, Professor Rennke sat down beside me, wondering in what manner of injustice my heart had been broken. Fortunately, my heart was perfectly intact, but I asked him if he would kindly share with me something unrelated to medicine that he thought could be helpful to me long after his course was over.

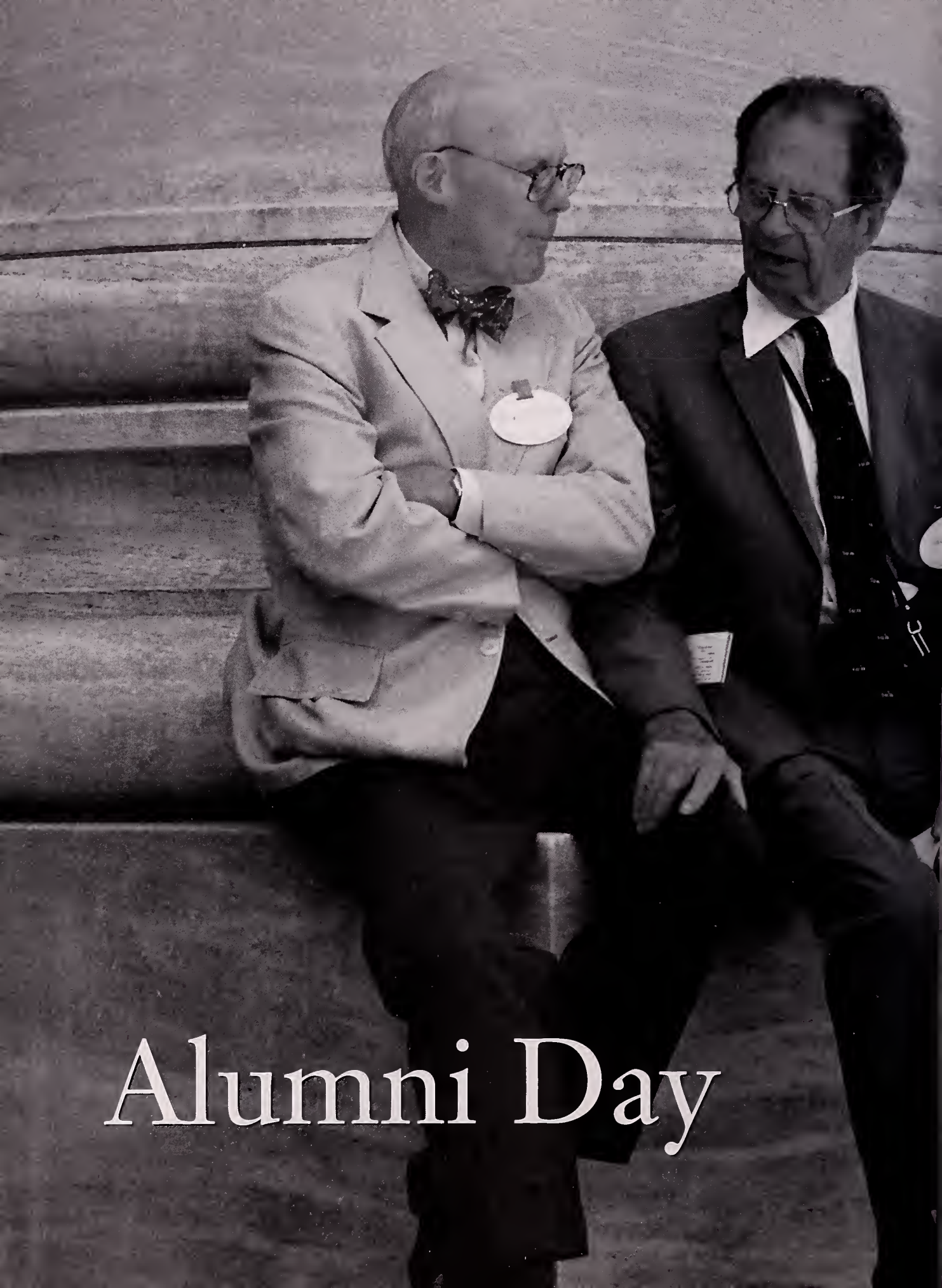
After deliberating for a moment, he said: "What you see is what you get." He repeated it. I begged him to expound. Professor Rennke spoke mainly in the context of relationships and marriage. He explained that often what we ultimately see can be obscured by our passions, fears and biases, resulting in an incomplete picture. Furthermore, sometimes what we see, we refuse to accept; instead, zeal persuades us that we can somehow change the things in others that we don't harmonize with. He concluded that people tend not to change.

Later I would test the validity of Professor Rennke's words in my relationships and friendships. I agree that he is correct in saying people tend not to change. His words acquired new significance, however, when I reflected them upon myself. I realized that there are shortcomings in my life that I am not pleased with—personal snags that I hope are transient rather than permanent. I began to observe more closely that some successful individuals, in the name of personal improvement and progress, are able to victoriously wage war on the resistant nature of change.

These past two years, I have continued to use Professor Rennke's words as a launching pad for my personal growth and development. I have learned to search for a more complete understanding of my faults, why they persist, and how to resolve them. This challenge has become as difficult and rewarding as any I have undertaken. With this challenge, as with others, I am sometimes reminded of the inspiring words from an unknown author that a very good friend has frequently passed along to me during the peaks and valleys of past struggles.

"Every man and woman has the ability to do great things; their touchstone is challenge. No matter what their field or endeavor, a man and woman must measure themselves against the demands of their world. To rise to the challenge, inevitably, that is why [people] build bridges, climb mountains and do one thousand other things that manifest personal achievement and satisfaction."

Rodney Taylor '95 is in an otolaryngology residency at the University of Michigan, starting with a year of preliminary surgery.



Alumni Day

James Tullis (left), who attended Alumni Day with his daughter Virginia Tullis Latham '80, talks with Daniel Ellis '39 on the steps of Building A.

Alumni Day photos by Jerry Berndt

As 148 new alumni graduated into the "real world," 546 reunioning alumni came home to Harvard. Attending symposia, seeking out friends, exploring new and old buildings, alumni renewed the ties of memory.

By Friday, the weather had cleared, friendships were reforged, and good humor and smiles were abundantly evident. Dean Daniel Federman '53, director of alumni relations, opened the business meeting by promising a day of glory.

Class agents presented the 25th and 50th reunion gifts to Dean Daniel Tosteson '48. Mike Millis and Cary Akins of the Class of 1970 cited evidence that their ties have remained strong and that their class has "reveled in what nice people we all are": their contribution of $99,707. Evan Calkins '45 prefaced his class's record-breaking gift of $198,509 with a bit of reminiscence. His was a wartime class, most of whom were privates first class in the army, plus some navy cadets; Vanderbilt was a barracks and the Quadrangle was the parade grounds where the troops marched every morning at 6:00 AM.

Cliff Barger '43A—who has taken on the role of chair of the Alumni Fund with a passion—expressed how much the school is indebted to alumni for their devotion, both academically and financially. "Despite these troubled times in medicine," he reported, the Annual Fund surpassed last year's unrestricted contributions with a total of $1.3 million. He introduced the new dean for resource development and public affairs, A. Cushing Robinson, "with whose leadership and innovative ideas we will do even better." (Robinson led fundraising efforts at University of Pennsylvania and Johns Hopkins before being lured to HMS, where she started June 1, 1995.)

Outgoing president of the Alumni Council John Stoeckle '47 then turned over the gavel to Stephanie Pincus '68, who said that her challenge would be to "integrate the women of Harvard so you will see many more women up here in a few years."

The symposium, entitled "Not of Aesculapius Born," commenced with a few words from Federman on the history of women in Harvard medicine, "not one of our most glorious." He quoted Harriot Hunt, a Boston-born physician, who in 1847 applied merely to attend lectures but was rejected: "Faneuil Hall was not our cradle of liberty; we had no hand in the rocking. If we had had, perhaps the child would have turned out better. But only men rocked that cradle."

Dora Benedict Goldstein '49, from the "intrepid group" (as Federman called it) of first women to infiltrate HMS's hallowed halls, led off the speakers. She pointed out that the question she had been asked to address—What was it like to be a woman in that class?—is unfocused. Turning to Federman, she said, "It's like, Dan, what is it like to be a man?" She pointed out that her memories are what every medical student remembers: the hours and hours of study, case presentations of patients to formidable attendings, experiences in the operating room. Laughter punctuated her talk, as she good-naturedly pointed out that the real pioneers were the women who through "a century of strife and struggle had battered these doors open for us."

Gerald Foster '51, faculty associate dean for admissions ("the man who has chosen more HMS students than anyone in the history of HMS"), then stood to answer the loaded question: Are women different? "I'm tempted to say no, and then sit down." He kept the laughter rolling as he attempted to point out some of the differences between men and women and turned to "the literature" and conversations with other admissions interviewers to try to explain the success of women applicants. One member of the committee, he said, ventured that men applicants "suffered from the tight black shoes and necktie syndrome, whereas the women seemed more

George Bernier '60

relaxed and certainly more comfortably dressed."

Then it was time for the audience to queue up at the microphone for their turn to talk. Someone asked about efforts in recruitment and advancement for women, to which Federman delineated some of what was happening: new dean for diversity, an annual conference that all junior faculty have with their chairperson about their future, and a new fund to foster junior-level careers.

Lisa Hensky '85 agreed that advancement is a serious problem and wondered if some of the factors Foster cited as putting women in a favorable position when applying for medical school—compassion, interest in teamwork and collaborative work, and a limited ability to boast about accomplishments—work against them when seeking advancement. Goldstein commented that she doesn't see women faculty at Stanford hurt by their different qualities.

Federman called on Eleanor Shore '55, dean for faculty affairs, to comment on faculty advancement for women at HMS. "We've tried for 10 years to think of ways to speed up the diversification and promotion of women and minorities on the faculty," Shore said. "Over 10 years, the representation of women professors has leaped from 3 to 7 percent." To come up with new ideas, she and others talked to a lot of young women (postdocs, instructors) and found that one clear need was extra support at the time in their careers when they're trying to compete for grants, publish and perhaps do clinical work—a time when they are also starting a family. The goal they have now, said Shore, is to raise $3 million for a scholarship fund so young faculty may "buy" a three-month sabbatical or extra help in lab. (See story, page 10.) "The hopes are that in the next 10 years we'll do more than double from 7 to 14 percent women professors."

"The hopes are that in the next 10 years we'll do more than double from 7 to 14 percent women professors."

Eleanor Shore

Mark Buckman '47 asked Foster if

Twenty-five Years Later

Continuing the celebration of 50 years of women at HMS, part one of the Class of 1970's symposium was dedicated to women's health. S. Jean Emans, associate professor of pediatrics and co-chief of the Department of Adolescents and Young Adults at Children's Hospital, discussed the "forgotten" health of adolescent girls: "The women's health agenda is moving forward while the morbidity and mortality of adolescent girls is increasing."

William A. Bours IV, who is in family practice in Oregon and also operates an abortion clinic there, discussed the trials, both literally and figuratively, of providing abortions in an increasingly conservative and dangerous political environment.

Joan Goldberg, instructor in medicine and director of the AIDS Program at Harvard Community Health Plan, was among the first physicians in Massachusetts to begin treating patients with AIDS. HIV-positive women present unique symptoms, she said, including persistent yeast infections and less Kaposi's sarcoma. "Women are the fastest growing group acquiring HIV."

Part two encompassed basic science advances and was moderated by Robert S. Munford III. Michael Gottesman, who is deputy director for international research at NIH and chief of the National Cancer Institute's Laboratory of Cell Biology, talked about the unlimited opportunities but limited resources for biomedical research.

Andrew Soll, professor of medicine at UCLA, depicted the revolution in treatment for peptic ulcer. And David Wyler, professor of medicine and of molecular biology and microbiology at Tufts Medical School, took on

Eleanor Shore '55 (right) talks with Renee Gelman '50 (left) and Malkah Notman (middle) during the reception before the Women's Dinner.

Symposium photos by Steve Gilbert

Suzanne Fletcher '66

Tenley Albright '61

he had looked at the reverse question: What's wrong with men? Buckman said that as a child psychiatrist he was amazed by the statistics Foster cited that boys get more hugs in elementary school. In elementary school the teachers are mainly women and predominantly it's the boys who are sent to principals' offices and then on to counselors and child psychiatrists, at a ratio of about 9 boys to 1 girl. When grown, the ratio of men to women in prison is way more than 9 to 1, he said. "What happened along the way?"

Federman asked: "Gerry, having settled whether women are different, would you like to take on what's wrong with men?" Foster declined!

Arthur Pier '39 stood to say that there were no women in either his medical school or Harvard College class, but that after the first year of medical school, he took a summer class in neuroanatomy that had one women from Johns Hopkins. The course entailed a study of a cat that was to be put under anesthesia. The woman was the only student who picked up the cat and caressed it and kissed it before it went under. "I feel there is a difference between men and women and I hope they never lose that sympathetic touch."

The formal discussion took a hiatus as everyone headed to the faculty room of Building A, but the conviviality certainly didn't stop. The 15-minute break flew by with conversation and refreshments, and when the lights flashed to signal time to return for the rest of the program, no one moved. Federman finally had to herd everyone out the door.

The program resumed with Stephanie Pincus '68, who depicted the collective experience of the 14 women of her class. Their memories of years at medical school are typified by several themes, which she then expanded upon: a feeling of isolation, rejection through active career discouragement, delayed recognition of an "anti-female" environment, and resolution, an appreciation that they were successful after all.

Donnella Green '98, an MD/PhD candidate in the Department of Neurobiology, spoke about the constraints imposed by individuals "who

Joan Goldberg '70

the topic "What's New, Parasite?"

Then came the ever-popular section of the symposium on "personal odysseys." Almost all the seats were filled with interested listeners. Moderator John Davies started the afternoon session by asking one central question, to which there were varied replies: "Many of us have done things out of the ordinary. Why?" Davies himself discussed the comparatively unsophisticated and alarmingly unsterile state of medicine in Moscow, showing film clips of Pirogov Hospital, in which he worked.

George Fareed, team physician for the U.S. Davis Cup players (as was his father), discussed the type of medical problems that come up in tennis players, some of which are travel-related in addition to sports injuries. The audience was full of questions for him, particularly on the subject of drug abuse among athletes, which Fareed said is not a problem for tennis players. One classmate questioned him on the "erratic behavior on the courts." "Do you offer any psychological counseling?" "Umpires do that," Fareed responded. "And sometimes the audience."

Noel Solomons then discussed his work in nutrition research in developing companies, and stuck closely to the theme of "the agony and the ecstasy." The agony lay mostly in trying to convince his medical colleagues in Guatemala City that nutrition research has long-term benefits despite the immediacy of adequately feeding the hungry population. The very concept of research as a problem-solving tool is not sufficiently appreciated there. But, he is making progress, and this is the "ecstasy" component.

S. Jean Emans talks with Andrew Soll during a break in the Class of '70 symposium.

James H. Jackson '43A, Nancy Rigotti '78 and Robert Goldwyn '56.

through their actions challenge institutional commitments to diversity." As a black woman she at times feels subtle discrimination, which though seemingly benign, adds hurdles that "when you consider how difficult the road is" can be "devastating." "If every one of us here decided that throughout our medical careers we would ensure that all of our trainees were treated equally, that qualified women and minorities were promoted fairly, we would come a long way in establishing a faculty and academic community that more closely mirrors our country."

Then it was the audience's turn again. George Bernier '60, dean of the University of Pittsburgh School of Medicine, pointed out that five years ago, only 20 percent of their entering class was women and now 50 percent of the class is women—a dramatic change. "Critical for us was that we changed the way we educated students." Four years ago, his school changed their curriculum to something more like the New Pathway, called Physician in the Year 2000 curriculum (PITT). It is a group process where collaborative and cooperative activities are important to the success of the group.

Suzanne Fletcher '66 wanted to thank all the men who have helped her and other women as medical students and as faculty, "because they are so important in this process. For the next several decades women have to continue to look to you men as role models." She described a memorable experience when, as a medical student at a school function, a faculty member trotted out his six-year-old daughter to see her, saying to his daughter, "See you can do it too." "I felt so proud," said Fletcher. "Here I was a role model. This little happening was so important in my life." It turns out that years later a daughter of that faculty member did become a physician, but it was another daughter.

It also turns out that that faculty member was Dan Federman. "What it illustrates is the power of a woman medical student to influence the life of a child unborn," he quipped.

Following up on Fletcher's point, Edward Hundert '84, associate dean for students, prodded Donnella Green to express why positive male role models are not enough. "If you don't see people like yourself with similar backgrounds and similar struggles, I think you tend to limit the type of career options you take," she pointed out. "I don't think many black medical students think they could be dean of Harvard Medical School and they won't until there is one. Diversity opens up potential in all of us and increases the quality of the pool you have to choose from."

Sam Clark '35 said that for 42 years he dispensed advice as a physician to men and women. He recently transferred to a retirement home and had to choose a new physician from a list. He decided to try a woman and wanted to reassure his older colleagues that it worked out really well.

Roman DeSanctis '55 reminded the

"If you don't see people like yourself with similar backgrounds and similar struggles, I think you tend to limit the type of career options you take."

Donnella Green

gathering that "in large parts of the world women are still neither seen or heard outside the confines of their homes. In many parts of the world their plight is even worse than in the past. The struggle goes on and I think we are all obliged to do something about that." An extremely important point, concurred Federman, particularly when trying to prevent the spread of AIDS in places where men have control over women's sexuality.

Federman wrapped up the session and the goal of the year's celebration of 50 years of women at HMS: "Our intent this year is not only to look back on history but to look ahead. The attempt is to make our institution more receptive and more stimulating for the people who come here so they see no ceiling or limitation to what their careers can be."

Dean Tosteson then spoke to the group, likening their connection to the school as an extended family, and updated them on appointments and programs at the school the past year. Thirty-two people were appointed full professors this past academic year, he told the audience, and "lest you think we have the problem solved, only one is a woman: Carol Nadelson, professor of psychiatry." There are 2,851 members of the full-time Faculty of Medicine, 436 of whom are full professors; 4,753 instructors, 5,301 trainees (post-docs and residents)—a community of 13,000 people.

Alumni Day speakers (left to right) Stephanie Pincus, Dora Benedict Goldstein and Gerald Foster.

In the Footsteps of Pioneers

by Dora Benedict Goldstein

When the Alumni Association asked me what it was like to be in the first class of women at Harvard, my first reaction was that it was much like being at medical school any time and probably not very different from the experiences of men. My overwhelming memories are of studying anatomy far into the night, of presenting patients to formidable attending physicians, of novel experiences in the operating room.

A little more digging around in memory reminds me that I did differentiate among groups of men to whom we women related at that time. The faculty, essentially all men, were generally polite. In lectures they almost never failed to note that this was the first time they had addressed a class as "Ladies and Gentlemen," a comment that was new to each of them but not to us. Our own male classmates were no problem; they quickly became our friends. Coeducation was nothing new to them; most of them had studied with girls in their schools and colleges.

Where we did encounter hostile reactions was from the upperclassmen, who had had Harvard all to themselves for a few years and resented our intrusion. It must have been an upperclassman who forgot to invite me to the banquet for newly-elected members of Alpha Omega Alpha. This omission was noticed and corrected in time, so I did attend the banquet, where I sat next to a polite and kind but ludicrously condescending professor, who engaged me in conversation about cooking. He was proud of his familiarity with sauces and confused me with his discussion of béarnaise and béchamel.

We women of the Class of 1949 were not the pioneers. We were just young people who wanted to be doctors and were pleased to hear that Harvard was now available. We had no idea that a century of strife and struggle had battered these doors open for us. Consider what the pioneer women went through.

The last half of the nineteenth century was a time of political and social ferment when women very nearly became doctors on the same terms as men. Women took leadership roles in the temperance movement, the movement for the abolition of slavery, and the women's suffrage movement. Why not medicine? Women were caregivers and they were in demand by women patients whose modesty prevented them from being properly examined or treated by male physicians.

Beginning with Elizabeth Blackwell, who obtained a medical degree from Geneva Medical College in 1849, scores of women in America became doctors, but they did not achieve this easily. By the time women successfully applied to a medical school, they had already walked a long road. They had perhaps been allowed to follow a sympathetic local doctor on his rounds, had taken a medical class or two while sitting behind a curtain so as not to disturb the easily-distracted men, had perhaps traveled to Zurich or Paris where admission to medical school was easy and the curriculum offered a rigorous education, or had applied to and been rejected by several other medical schools in this country. One by one many of these unbeatable women were admitted to medical schools and became doctors.

Their ordeal did not end with the granting of a degree, however; some were reviled, considered dirty because they had performed surgery or dissected a cadaver. Some were spat upon in the streets or were the targets of tobacco quids and a great deal of obscene language.

But women did become doctors, and in astonishing numbers. Once certified, they helped other women get started and they founded a number of medical schools for women. Several hundred determined young women practiced medicine in this country a century ago. Boston was the hub of this activity. In 1900, it is said, 18 percent of the doctors in Boston were women.

Backlash followed. Conditions changed. At the end of the Victorian era, women patients became less prudish and were less likely to demand a woman doctor. Medicine itself became more scientific and began to put less value on the humanitarian qualities that had originally attracted many women to the field. Reforms of medical education began at Harvard under President Eliot's leadership in the 1870s and continued everywhere through the 1910 Flexner report.

At that time both men and women received shoddy education, often in schools of homeopathy or eclectic medicine where the whole curriculum consisted of a few months of lectures with no laboratories or clinical experience. Women, more often than men, were likely to be educated in these "irregular" medical schools, most of which were forced to close around the turn of the century. Enrollment of women in regular schools dropped steadily and medical education again became difficult for women. By the 1920s women had lost much of what they had gained and were forced Sisyphus-like to begin again the uphill struggle.

Harvard, almost alone, refused to participate in the nineteenth-century surge of women into medicine, but not for lack of effort by women. In 1847 Harriot Hunt requested permission to attend classes here but it was not thought advisable. Over the next 98 years many other women knocked on the door and were turned away, sometimes by the faculty, sometimes by the students, sometimes by the Board of Overseers, the corporation or the president. Never with any reasonable explanation. Harvard did not usually stoop to the familiar assertions that women's brains were too small, their bodies too fragile and cyclically vulnerable, their moral nature too delicate to contemplate certain medical topics. Instead Harvard simply deemed it inexpedient to admit them. The gentleman's rebuff.

Would bribery work? A woman offered Harvard $10,000 if it would admit women. No, it would not. Later a group of women led by the tireless physician Marie Zakrzewska upped the ante to $50,000. No again, although the school was not above suggesting that a sum of $200,000 might cover their costs.

During the nadir years for women's medical education, Harvard did appoint its first female faculty member, Alice Hamilton. The intrepid Hamilton had introduced the whole field of industrial medicine. She approached corporate presidents and politely asked for permission to visit their factories and mines. Then she published devastating and influential reports that exposed the appalling conditions of lead or phosphorus toxicity.

She became the first woman on our faculty in 1918, but three conditions were set for her appointment as an assistant professor: she had to promise not to march in the commencement parade, apply for football tickets, or enter the Harvard Club. (As late as the 1940s women literally could only enter the club by the back door). Hamilton was not a raging feminist but she did remark in her autobiography, *Exploring the Dangerous Trades*, that she thought this was a bit tactless.

Because of the shortage of doctors during World War II, Harvard finally capitulated. In 1943 yet another committee was established to tackle the thorny question once again. It was chaired by S. Burt Wolbach, the Shattuck Professor of Pathological Anatomy, and included Oliver Cope, Chester Jones, Charles Lund and

Robert S. Morison. The committee report indicated (wearily) that it could find no new arguments on the topic but concluded that "the School and community will benefit by having a number of very superior women admitted to replace an equal number of mediocre men ineligible for military service." They recommended the "admission of women to the Harvard Medical School as an immediate and permanent policy" and their report was accepted by the Faculty of Medicine but promptly rejected at the university level.

A year later the number of available men had dropped so low that the faculty repeated its request, which was accepted by the higher levels of university administration. Women were at last admitted on the same basis as men.

We were welcomed here (although not by everyone, as I mentioned earlier). Edith Burwell, the dean's wife, kindly invited us to tea. I probably wore a hat. A professor of surgery generously invited a group of medical students and their wives to dinner at his house. I was the only woman medical student present and I was perfectly astounded when it turned out that the ladies were expected to retire to the living room after dinner while the men continued their interesting discussion at the table. I stayed with the men, which seemed to surprise and possibly to enlighten my host.

It was not for us, the women students, that the opening of HMS to women was an important event, it was for Harvard and, because of Harvard's preeminence, for women and medicine in general. Let us not forget the women who accomplished this: among them Elizabeth Blackwell, Marie Zakrzewska, Harriot Hunt, and also our many unsung male allies, including S. Burt Wolbach.

Dora Benedict Goldstein '49 is professor emerita of molecular pharmacology and co-director of the Faculty Mentoring Program at Stanford University School of Medicine.

Untold Stories

by Stephanie Pincus

I SPEAK TODAY AS A REPRESENTATIVE of all the women graduates of our class, so imagine 14 different women standing before you. We started as 10 eager, energetic, bright though naive "girls," mainly from the northeastern establishment schools like Radcliffe, Wellesley, Bryn Mawyr, Cornell and Barnard, plus me: the ringer from Reed College and the West Coast. After dropping one and adding five women transfer students from Dartmouth, we finished as fourteen extremely well educated young physicians ready to stamp out disease, but in large part unprepared to cope with the vicissitudes of life such as empty refrigerator syndrome, clean underwear deficiency and advanced "household" support.

We survived and have now even thrived and prospered. Yet we believe that by sharing our collective experience we can provide insight and guidance for the ever increasing number of women at Harvard Medical School.

The process that led to this speech began shortly before the 25th reunion of our class two years ago when I perused the list of talks. The same pecking order our class had established in 1964 was maintained in those presentations. Many talented women in our class were being completely ignored, and furthermore there did not seem to be any time or place to renew the bonding that had sustained us in medical school.

As usual, my response was to organize; in this case I organized a tea for my women classmates. Over tea and coffee we collectively shared our memories of being students. Several themes emerged: a profound sense of isolation; rejection through active career discouragement; the delayed recognition of an "anti-female" environment; and fortunately, perhaps as a benefit of age, an appreciation that it was okay to be oneself and that we really were successful after all, a phase I'll call resolution. I'll now deal with each of these areas in more detail.

ISOLATION. The theme of isolation is common in psychological studies. In what I now recognize as a traditional masculine pattern of behavioral organization, the most emphasis is placed on individual achievement, which means the model organization is a hierarchy (or pyramid, as in a surgical training program). This contrasts with the interactive nature of feminine organizational development, first brought to popular view in Carol Gilligan's landmark book *In a Different Voice:* "The images of hierarchy and web convey different ways of structuring relationships and are associated with different views of morality and self."

These theories are especially applicable to the Class of 1968. We entered medical school in large part because we had succeeded in college at the game of getting into medical school. We then made the transition to Harvard Medical School, where

Dean Daniel Federman

typical male hierarchical organization is measured by individual achievement. Achievers in such organizations often feel alone and isolated. In our case, the additive effects of the structural organization and being women in the traditional male club of medical school led many of us to feel that we were outsiders. If one considers going to medical school a ball game, we weren't even players on the field.

We were conscious of being special guests; failure was not allowed, but too much success was not encouraged either. When the women of our class had better grades than the men at the end of the first year, it was considered inappropriate and even wrong since we weren't supposed to be equal to the men, let alone better. For the majority of us the critical factors in maintaining inner strength and balance were the relationships established either in the deanery by those of us in the initial entering class, or the camaraderie established at Dartmouth prior to transfer to Harvard.

Also on the positive side, we all loved learning and the act of becoming a doctor; we truly enjoyed our patients and helping people. Looking back with the benefit of these psychological insights, the isolation seems predictable and inherent to the organizational structure of that era. In informal discussions I've had with classmates and with many current students, I've heard them say that despite their increased numbers, many women still feel isolated and "not a part of Harvard."

REJECTION. Rejection through negative career guidance was also an integral component of our experience. Despite our academic success, we were not expected to have equivalent career aspirations. As we sat at the Four Seasons sharing medical school recollections from the perspective of 25 more years of life experience, previously untold stories emerged. One classmate recounted being told that of course she would put her husband's career first and follow him to his internship. Another vividly recalls being asked, "What makes you think you should be a pediatrician?" I was told that as a married woman, I belonged in a research laboratory, not an internship.

What is most truly remarkable is that each of us had until recently considered this an individual failure, and

John Bunker '45, Edmund Harris '45 and his wife, Marilyn

Paul Rhodes '35 and his wife, Ruth.

only belatedly has recognized that it was a common experience. The only classmate who avoided such misguided advice was the one who opted out by deciding to get married and go to England. Nonetheless, because we had internalized the more male-oriented desire to be at the top of the pyramid, we all persevered in spite of the active discouragement.

RECOGNITION. Acceptance or acknowledgment seems to be our most recent state. Retrospectively, we realize that we had not allowed ourselves to perceive the negative. Denial allowed us to keep going. Unfortunately, some of us extended this defensive feeling to our personal lives, which lead to difficult and destructive personal decisions. Yes, there were the petty indignities of having to change in the nurses' locker room. But on a larger scale, there were the greater deterrents of being told that we couldn't get more than a "C" in surgery at the PBBH because Dr. Moore didn't allow it, to the most difficult issue of not seeing anyone who resembled us in the "grown-up" role of senior physicians.

From the strength and security of our individual personal and professional success, we can look back and say there were few mentors and no easily identifiable paths. We each found our own way, and in large part we're satisfied with our progress. All of us recognize the incredible strength of our marvelous medical education that has facilitated achievement of our career goals. Nonetheless, we can all say there has to be an easier, better way for the future.

RESOLUTION. Resolution is the stage we are moving toward and through. Through trial and error, and being past 50, most of us have found a more or less comfortable balance. All but one of us got married, and the majority of us raised children, in addition to maintaining an active career. As author Judith Lorber has pointed out, there is a glass ceiling in medicine, a "subtle process of...colleague boycott that does not include women in ways that allow them to replace senior members of the medical community." Our class might argue, however, that though this exists, it is in large part okay with them. (I might argue otherwise.)

Our success is defined by our inner view of ourselves and our recognition that we are valuable, successful women in addition to being physicians. Like other women, we see medicine as only part, not the whole. Now, at long last, we feel good about ourselves and our achievements.

We include a successful New York psychoanalyst, a pediatrician who found happiness in western Pennsylvania, a pulmonologist who teaches medical residents in inner-city Philadelphia, an infectious disease specialist who recently returned to bedside medicine, one of the foremost radiotherapists in the country, a respected clinical hematologist who had a prior equally laudatory research career, a veteran Boston nephrologist, two of the premier pediatricians in Southern New Hampshire, an innovative empathetic internist recognized for her expertise in medical psychiatry, a world renowned author and expert in victim trauma and incest, and me, an academic dermatologist, chair of a department in a state medical school and for many years "the token woman." There is the gap left by one of our group, Donna Gottdeiner

Oakes, who died of cancer, though my mental image of our class keeps her there. Yes, we are proud of who we are and what we have done, and Harvard should be proud of our accomplishments as graduates. If it isn't, it is an institutional failure, not a collective personal fault.

Our message as a group to the alumni and to Harvard is that we commend you as an institution for facilitating entry of women to Harvard Medical School. The challenges now are to support current Harvard women who can serve as role models, and to continue to remodel the environment so that it is structured to allow and reward the feminine style of accomplishment and achievement. The changes here at Harvard as well as the strongly supportive administration make me very optimistic that Harvard will rise to these challenges. It is only in meeting these challenges that Harvard will reap the full rewards of having such a large number of successful and productive women graduates.

Before closing, I'd like to acknowledge special thanks to my daughter Tamara for giving me the book *The Female Advantage: Women's Way of Leadership;* to my son Ben for reminding me of my place: "My mom is special because she makes me food"; to my son Matt for his Mother's Day haiku: "she plants yellow flowers in the green garden"; and to my husband, Allen Oseroff, for his patience, tolerance, love and support. Like most of the women in my class, I love my profession and my job, but my family is at the center of the web that binds these threads.

Stephanie Pincus '68 is professor and chair of the Department of Dermatology at SUNY Buffalo.

Sylvestre G. Quevedo '75 (left) and Joseph Maloney '75.

Are Women Different?

by Gerald S. Foster

YOU HAVE TO ADMIT THAT MY TOPIC is a bit catchy: Are women different? But after thinking about it awhile, I said to myself, wait a minute. This is a no-win situation. No matter what I say, someone is bound to be offended. I am tempted to say, no, they are all alike, and sit down.

What can I say? That women are nurturers and men are not? That because the men on the HMS Admissions Committee selected our first class with a majority of women last year, we are soft on women applicants? That women are smarter or better? I was discussing this with one of my classmates when his wife piped in, "What's the big deal? When it comes to men, I think I am the equal of many and superior to most."

I can't say any of those things. As a minority of one man on a panel of women, I'm the one that has to answer the question, Are women different? How did I let myself get suckered into this? I should have taken the advice of Fats Waller, a jazz pianist and composer, who when someone asked him to define exactly what jazz was, said, "Man, if you don't know, don't mess with it."

So here I am. I think I'll just stick to the facts, quote from the literature, poll the Admissions Committee, and if anybody is offended, I'll blame it on the committee. (There's a long tradition on the Admissions Committee where the chairman takes credit for the acceptances, and the committee the blame for those rejected.)

First the facts. Although Harvard may have been a bit slow on the uptake 50 years ago, it wasn't as if women were storming the barricades. Back then there were 1,100 women applicants nationally (6 1/2 percent of the applicant pool), of whom 450 were accepted, 6 percent of the matricu-

Thomas Waldmann '55 (right) and his wife, Katherine Spreng Waldmann, talk with David Fischer '55 during a break on Alumni Day.

lants. It wasn't until the early 1970s, more than 25 years later, that these percentages exceeded 10 and they have been rising steadily since. Last year there were 19,000 women applicants in this country and 6,800 matriculants, representing 41 percent of each category! This is bound to have an effect on how the profession is perceived; it already has in some quarters.

One of our women staff physicians at the MGH is married to a nonphysician, and her children's pediatrician is a woman. She brought her seven-year-old son on rounds one Sunday, as many of us used to do. She dropped him off at the nurses' station while she went to see a patient, and one of the nurses asked the little boy if he wanted to be a doctor when he grew up. He said, "No, I'm not a girl." The ultimate insult to a seven-year-old boy is to be accused of being like a girl.

Our own applicant and matriculant percentages followed the national trend, at least until last year. Last year we had 1,400 women applicants, 41 percent of our applicant pool. We matriculated 89, 53 percent of the first-year class. Now I know that our admission policies and procedures are gender blind without any gender preference. How can we explain the success of the women applicants? Is this a random fluke?

No, women are not smarter. Academic records are equivalent. Women's scores on the science sections of the Medical College Admission Test were a bit lower, but not significantly so. The comments of the members of the Admissions Committee were strikingly consistent, however, and may give a clue. "More interesting, more mature, interviewed better." One of the members thought that men applicants suffered from the tight black shoes and necktie syndrome, whereas the women seemed more relaxed and certainly more comfortably dressed.

It's interesting that at both Hopkins and Yale a majority of the matriculants last year were women.

Jane Schaller '60 with a friend, Esma Zecevic, chief of pedatrics at the Children's Clinic of Sarajevo.

When I asked my counterparts at those two institutions why they thought this occurred, their responses were similar. "They interviewed better."

Why? Let's see if we can get some help from the literature.

Jill Ker Conway describes her early years in Australia in her wonderfully written book, *The Road from Coorain* (Vintage Books, 1990). Here was a bright, intellectually curious young woman striving for an education in a society that had different expectations for men and women. You could almost feel her despair in trying to be taken seriously. Of course, eventually she was taken seriously, received a PhD at Harvard, and became the first woman president of Smith College. Although the book is about Australia in the 1940s and 1950s, there is a certain universality to these experiences that applies even today, even here.

Three years ago, the Wellesley College Center for Research on Women issued a report, "How Schools Shortchange Girls." This is a major study of education that covers a wide spectrum of gender inequities and different expectations. Girls are not expected to do as well as boys in math and science, yet there is no sex-linked math or science gene, and the gender gap in these areas can be reduced or eliminated by proper encouragement and by changing teaching practices. There are some studies that indicate that girls often learn and perform better in same-sex work groups with less social comparison and competition. Some of the all-girls secondary schools are regarded now as successful models for teaching math and science.

Teachers are not always aware of the ways in which they interact with students, yet research spanning many years consistently reveals that boys receive more teacher attention than do girls. This pattern persists through elementary school and high school. Even in preschool classrooms a study showed that boys receive more instructional time, more teacher attention, and more hugs than girls.

More relevant to this discussion are behavioral differences. Schools, and for that matter society, have different expectations concerning behavior. Behavior is rewarded differentially. At school, competitiveness, striving to excel, and to win are expected and even approved behaviors for boys, but not so for girls. It is easier for girls to exhibit collaboration, compassion, empathy and good listening skills. For boys these qualities are sometimes considered signs of weakness, yet ironically they are the qualities that we value in our school's admissions process.

Susan Bailey, the executive director of the Center for Research on Women at Wellesley, emphasizes that none of these behaviors are natural. They are driven by societal expectations and rewards. She also thinks that schools shortchange boys as well because they

do not encourage them to have good listening skills.

Deborah Tannen's *You Just Don't Understand* (Ballantine Books, 1991) and John Gray's *Men are from Mars, Women are from Venus* (Harper Collins, 1992) are two best-sellers focusing on differences in how women and men communicate and relate to each other and to the outside world. The latter has been on the *New York Times's* best-seller list for 106 consecutive weeks, so it must be good.

A bit of paraphrasing. Martians value power, competency, efficiency and achievement. They experience fulfillment through success and accomplishment. Venusians have different values: love, communication and relationships. They experience fulfillment through sharing and relating. Martians go to lunch to discuss a project. They view going to a restaurant as an efficient way to approach food: no shopping, no cooking and no washing dishes. For Venusians, going to lunch is an opportunity to nurture a relationship. On Venus, everyone studies psychology and has at least a master's degree in counseling. Venus is covered with parks and organic gardens. On Mars, talking about a problem is an invitation for instant advice. A Martian has no idea that by just listening with empathy and interest he can be supportive.

An uncle of a friend lives in Maine. For his eightieth birthday his wife threw a party inviting neighbors, family and friends. He reluctantly agreed to attend. When it was over, she commented about how wonderful it was that so many people who loved him came to express their warm feelings on his eightieth birthday. She was beaming. He responded, "It wasn't bad, but I still would rather have two bags of compost."

In *You Just Don't Understand*, there is a brief passage about gender differences and attitudes towards boasting. Many women can remember motherly or even grandmotherly childhood admonitions to "stay in the background, never brag, always do your best." Women are often reluctant to openly display their achievements in order to be likable to their peers. Not so with men. Self-promoting information is often used in public to achieve status. To an admissions committee, the latter may be perceived as arrogance, a kiss of death.

Of course, all men are not pure Martian, and women are not pure Venusian. Men are certainly capable of collaboration and compassion, and women certainly can be competitive and boast a little. Jacquelyn James, the acting director of the Murray Research Center at Radcliffe College rightly reminds us in an op-ed piece in the May 25, 1995 *Boston Globe* that we are not destined by biologic imperative to be from different worlds, incomprehensible to each other. Nevertheless, women and men still have different experiences, and society's expectations and rewards are not yet the same. Although couched in colorful language, many of the differences in the values and behaviors described do strike a chord.

The other side of the equation has to do with the values of those who are selecting our students. Of course, we value scholarship and the students we select, women and men, have demonstrated outstanding records of academic achievement. We value the ability to pursue something in depth, whether it be scientific research, an honors thesis in English literature, or a community service project of substance. But there is more.

The tutorials that form an important part of our New Pathway curriculum put a premium on communication skills, collaboration and collegiality—qualities we look for in our applicants. In addition, the practice of medicine is in the midst of a revolution. Many on the Admissions Committee are involved in clinical practice in addition to their teaching, research or administrative responsibilities. We are being buffeted by forces focusing on cost and efficiency—yet we still value dialogue with our patients, good listening skills, compassion and empathy. Perhaps more than ever, it is important for us to teach and champion these values.

These are not new values. As a medical house officer at the Massachusetts General Hospital I vividly remember Walter Bauer with those penetrating eyes of his, insisting that his house staff sit down and listen to, and talk to their patients.

And so, my fellow alums (using the word "fellow" advisedly in its gender neutral form), it's no fluke. My premise is that ironically, it seems to me as if it's just possible that the collection of values and behaviors we have been discussing have given the women that we interviewed last year the edge.

A final word about gender recognition, which is not always as obvious as one might think. When we read an application, we generally identify gender by a first name. In our first-year class, however, we have Rabiatu, Paveljit, Renn, Torunn, Cassis, Udaya, and Akshay, among others. That failing, we then rely on descriptive pronouns in letters of recommendation or the interview—usually, but not invariably, definitive.

A physician in San Francisco in the 1960s told of a couple who came to his office on their motorbikes requesting a Wassermann test, since they were planning to get married. For the life of him, he couldn't tell which was which. Both had long stringy blond hair, goggles, leather jackets, baggy flannel shirts, blue jeans and leather boots. He tried to think of a polite way to ask, and finally posed the question, "Which one of you has a menstrual cycle?" One looked to the other and said, "It must be you—mine's a Honda."

Gerald S. Foster '51 is HMS faculty associate dean for admissions and associate clinical professor of medicine.

A Qualified Success

by Donnella Green

When women entered Harvard 50 years ago, it was apparent that their conduct inside and outside the classrooms and hospitals would be scrutinized and that their commitment to medicine would be questioned with an intensity and depth that had not been levied against their male counterparts. Yet, women have successfully met these challenges, we have carved out a place here, and Harvard has changed.

Perhaps the greatest testament to this change is the composition of the current first-year class—53 percent women. Institutional affirmative action initiatives have removed many of the barriers that limited access for women in medicine and science. Nonetheless, constraints still exist. It is clear—from life on the inside—that most present-day barriers are erected by individuals rather than institutions. Individuals who through their actions challenge institutional commitments to diversity.

When I was a sophomore in college my genetics professor, who was also the premedical advisor, told me "that as a woman and a minority, I would probably get into medical school over a lot of qualified people." At the time, I attempted to shrug it off. This professor was notorious for his disdain for women attempting to enter science. Previously, he had told me and several other women that even though we got good grades, we weren't really intelligent—we just studied a lot—and would realize this once we went to graduate school.

It wasn't until after I graduated from college (with honors) and entered HMS, that I realized I haven't been able to completely dismiss his comments. In fact his statements have had a lasting impact on my perception of myself and my abilities—more so than any exam I have taken or any praise I have received from my colleagues or teachers. I don't want you to think that I believe that I don't belong here, or that I don't feel as competent as my classmates, but I can say that I often feel that I could have done better, worked harder, studied more, slept less.

Like many women and minorities who are chronic over-achievers, I am motivated not only by my own personal goals and ambitions but also by the overriding sense that I am constantly being judged. That my successes and failures reflect not only my own abilities, but those of my gender and race. Now as a fifth-year MD/PhD student—the first black woman in my department—I am often told that as a black woman in medicine the possibilities are endless, I can write my ticket. Every program in the country will be recruiting me.

Those who make these comments probably don't think that they are saying anything sexist or racist. They probably believe that they are complimenting me. Yet, to me these comments are the politically correct versions of what my premedical advisor had said. The underlying message is that my gender and race give me an unfair advantage, that I can move ahead of those who may be just as qualified—if not more so—because of my underprivileged status.

When I hear these types of statements, I often wonder if we live in the same world. In their world, sexual and racial distinctions serve to elevate rather than denigrate. Well, my world is different. I have never been taught by a black woman MD or PhD. And even though we are commemorating 50 years of women at Harvard Medical School, I have only had a handful of women lecturers. Harvard is not perfect and in this respect it is not unique. The problems confronting women and minorities here are replicated throughout our society. The discrimination is often very subtle, often seemingly innocuous.

Nonetheless, as I look back at my last five years at Harvard, I can honestly say that I feel privileged to be here. I have never had a more enjoyable educational experience, due in large part to the emphasis on student-directed learning, which fosters an environment where all aspects of academic life may be examined. Consequently, conversations are frequently held on group dynamics. Racial and gender issues, which become evident in small and large group settings, are often discussed.

In tutorials, women have a difficult time asserting themselves. We are frequently talked over or ignored. I have

heard our ideas characterized as cute, while the men in the group are told that their ideas are excellent or clever. In the few lectures I have seen conducted by women, lecturers were repeatedly inundated with questions from the class in a manner that seemed to me disrespectful. I have never seen this when men lead lectures, even when the class as a whole has had difficulty understanding the material.

I hear from my classmates on the wards that sexism there is pervasive, but usually subtle. Women seem to talk more quickly, less frequently than their male colleagues. On rounds, male attendings often address only the men on the team, even when the women are more senior. Incidents like these may seem benign, just one more obstacle to overcome on the road to becoming a physician. But when you consider how difficult the road is already, these added hurdles can be devastating. In fact I believe that even subtle discrimination can leave long-lasting consequences.

Blatant acts of discrimination are easier to address; the subtle acts are much more difficult to get a handle on. It is difficult to convince others that anything substantial has occurred, and perhaps even more damaging, subtle acts of discrimination leave those who have been wronged questioning their own instincts. Are they being too sensitive? Are they imagining things? Tolerance of subtle discrimination fosters an environment where more blatant acts can occur.

So in 1995 what do women in medicine need? We need to be valued as much as the men who preceded us and the men who are here with us now. We need to be treated as though we are expected to make significant contributions in the future. We should be mentored, challenged and corrected like our male colleagues. Harvard's future will be shaped by how closely we approach this goal.

Harvard Medical School has successfully admitted significant numbers of women and underrepresented minorities at the undergraduate level, yet post-graduate successes for women and people of color have been limited, particularly when one looks at the composition of the faculty. Less than 10 percent of HMS professors are women, and less than 2 percent are African-American. There are, however, signs of change. Last year the Faculty Council adopted a "Statement of Commitment," which reads: "In an ideal world of equitable resources and expectations, the Faculty of Harvard Medical School would fully reflect the diversity of society as a whole. Harvard Medical School is committed to assemble a faculty that mirrors the diversity of our nation." A dean of faculty development, William Silen, has been appointed to spearhead this initiative.

The statement of commitment and the new dean represent an institutional pledge to diversity. This pledge is sig-

Noel Solomons '70 and his friend D'Ann Finley.

nificant in that diversity has been defined beyond tokenism. Yet, this pledge alone cannot create a gender-equal or race-neutral environment at HMS any more than governmental affirmative action programs can completely erase sexism or racism in this country. What is also necessary is for individuals to commit themselves to the principle of diversity as vehemently as many have committed themselves to the principle of exclusion.

Those who occupy the upper levels of academic medicine must lead by example and take the initiative to train and mentor women and minorities. If every one of us here decided that throughout our medical careers we would ensure that all of our trainees were treated equally, that qualified women and minorities were promoted fairly, we would come a long way in establishing a faculty and academic community that more closely mirrors our country.

I know that it can be difficult to see one's successor in someone who on the surface is dissimilar, who may speak or appear differently, but we must. Our ability to address the changing health needs of an increasingly diverse patient population requires as much. All of us must share in the training of women and minorities. We must create and preserve diversity in all disciplines and at all levels of medicine.

With calls for health care reform sounding across the nation and governmental regulation looming in the future, we must not fail. We must ensure that when residency positions are cut back, women and other groups are not abandoned. As the funding that supports positions in academic medicine and research ebbs, making careers uncertain for young investigators, we cannot falter. We must ensure that all trainees, especially women and minorities, have sufficient training and support to sustain their careers. If we do not, we will never assemble a faculty that reflects society.

Affirmative action has become a popular scapegoat for many of the country's racial and gender-based problems, but I think that we know better. People—especially other women—often become angry with me when I say that I wouldn't be here if it weren't for affirmative action. They somehow believe that the idea of affirmative action jeopardizes our credibility. Well, I know better.

Edna Flores '75 (left) and Ulder Tillman '75

I know that it is not affirmative action that jeopardizes our credibility, but racism and sexism. I know that affirmative action does not promote unqualified people; it promotes access for qualified people who have been limited by societal constraints. I know that not too long ago women only comprised one-quarter of this medical school. I know that even with the constant support I have received from my family and others, I would not have attended and graduated from Amherst College without the successes of those who preceeded me—in large part because of affirmative action programs. Without affirmative action, I probably would not have had the opportunity to attend medical school and I certainly would not have had the opportunity to be up here celebrating the contributions of 50 years of women at Harvard Medical School.

Donnella Green '98 is an MD/PhD candidate in the Department of Neurobiology.

Reunion Reports

60TH

Reunion photos by Richard Wood Studio

WHAT IS IT LIKE TO ATTEND A CLASS reunion when you are 85 years old? Here are some of the things that make such a reunion a pleasure; anticipating what it will be like is part of the fun. I expected to see most of the living graduates—at least half of them. I found that only 15 of the 40 left in my class got there. (We were 135 at graduation.)

And then I wondered whether Boston had changed very much. I found that most of the buildings were unchanged, with a lot of new construction, evidenced by the many cranes at work. A two-hour ride on an excursion boat on the Charles River basin gave us a great view of the area. It was impossible to see the famous Bulfinch building at MGH because of the taller buildings that now surround it. The buildings of the medical school are unchanged, which is a great thing. Newer medical school buildings have been sandwiched in between or built adjacent to the old—done in a very tasteful manner. One thing has changed. Climbing the steps up to the main building is now a much slower process.

The second day was full of delights in meeting the returning classmates. After so many years, it is a real challenge to recognize each one, and I learned a technique that proved helpful. This consists of forming a new picture in the mind's eye, erasing the wrinkles and removing some of the acquired fat, and replacing the hair, and then you can see who it really is. What had not changed was the exuberant spirit of each individual.

The scientific talks given by the eager professors outlined for us the vast array of new information that has not yet been translated into practical use in combating illness. This was exciting to hear. Another fresh experience was to listen to the medical student who had finished two years of the four-year course and who described the New Pathway of learning now being employed. This left all of us with a feeling that the future of medicine is in good hands.

As we said goodbye to each other, there was a feeling of great satisfaction in having known one another, and yet we all realized that the next reunion would be five years from now and there will not be enough 92-year-old survivors to justify a formal celebration. But we all parted with rich memories of the glorious days we were privileged to enjoy.

S. Halcuit Moore Jr. '35

photos from 1935 Aesculapiad

55TH

WE HAD A VERY SUCCESSFUL REUNION of the Class of 1940, highlighted by three successful events: the first was the cocktail party at Vanderbilt Hall, which gave us a chance to get reacquainted and to marvel at how healthy we all appear; the next was a wonderful dinner at the Harvard Club, which lived up to its reputation as a fine host. Bob Arnot's son was the after-dinner speaker. Bob is rightly proud of him. Most enjoyable was the Boston Harbor luncheon cruise, blessed by fine weather. Many said it was the best reunion ever.

Thomas Paull '40

50TH

TO PUT IT IN THE EXACT WORDS OF George MacDonald, "What a great reunion—the best ever."

Some of us gradually drifted into town on Wednesday afternoon and, after securing accommodations and a good night's rest, went to the Thursday morning discussions. The balance of the class arrived that afternoon, so that by 6:30 PM we were ready to attend a magnificent cocktail party and meet buddies of 50 or more years ago. "You haven't changed a bit," was heard everywhere. I was impressed that voices hadn't changed. Harry Hinckley, in particular, hadn't changed and was even smoking the same pipe.

Friday was Alumni Day and we had

45TH

THE CLASS OF 1950 REUNITED IN June to celebrate our 45th reunion. The 31 class members who came—most with spouses and a few with friends—attended most of the scheduled events. On Thursday evening, dinner at the Boston Harbor Hotel began the happy reacquaintance, reminiscing and updating. These animated exchanges enhanced the enjoyable view of Boston Harbor, as did the delicious food. There was a lively discussion of desirable ways to give to HMS.

The Alumni Day symposium on Friday continued this year's celebration of 50 years of women at HMS, an experience in which we had happily participated. We enjoyed further exchanges with each other during lunch, the class photo, and while milling around. That evening we made our way to the beautiful home and gardens of Renee Gelman, who had graciously arranged a very lovely buffet dinner. Shelden Levin showed us his movies of our graduation, and the request for an encore reflected the near disbelief that we had ever looked so very, very young, beautiful and eager.

We began Saturday as guests of Ken and Laurie Graham for cocktails at their home in Manchester-by-the Sea, a spectacularly beautiful place where we had also enjoyed hospitality in the past. Then we proceeded to the Essex Country Club for a truly superb clambake. Although beneath our joy there was a sobering awareness of health and other personal concerns, and a disgruntlement with undesirable external impositions on the values we cherish in medicine, it was reinforcing and heartwarming to meet with each other again.

Gaudeamus Igitur.

Evelyn Davis Waitzkin '50

a further chance to talk to friends at length between speeches. The banquet that night was a great social gathering rather than a gastronomic extravaganza. The entertainment consisted of a few speeches about classmates' experiences. This fun get-together was eclipsed on Saturday by the even greater hospitality of Kay and Crapo Bullard and the super clambake they arranged at their home on Buzzard's Bay. They also arranged the beautiful weather for the weekend. So next time: an even better reunion—the best ever.

Edward W. Friedman '45

photo from 1945 Aesculapiad

40TH

THE REUNION WEEKEND BEGAN ON Wednesday evening with an open house at Ruth's and my home in Winchester. Sixty guests shared fine food (all prepared by Ruth) and beverage, and the warmth of the evening that emanated from classmates seeing each other again set the tone for the weekend.

Eighty-two people attended the formal class dinner the following night at the St. Botolph Club. We were especially pleased to be joined by Paula Adelson and Ann Goodman, and our special faculty guests, Claire and Cliff Barger '43A. Cliff has just taken over as chair of the Harvard medical Alumni Fund, and gave an account of the research being done by HMS students supported by the Class of '55 fund. Cliff has always taken a special interest in the Class of '55, and he and Claire were voted honorary members of the class. Always the incomparable raconteur, our treasurer, Mitch Rabkin, reported after a few hilarious jokes that the class was solvent.

Alumni Day on Friday celebrated 50 years of women in medicine at HMS. Three of these women, Georgiana Boyer, Eleanor Shore and Marian Woolston-Catlin, are graduates of our class and attended reunion activities.

Following the Alumni Day program, we took off for Stage Neck Inn in York Harbor, Maine. The inn was delightful, the weather spectacular, and the camaraderie exhilarating. The getaway culminated in a great clambake Saturday night.

Miles Shore '54, who has dutifully attended all of our reunions with Eleanor, was also voted an honorary member of our class.

In my opinion this was our best reunion. The genuine pleasure of renewing long-lapsed acquaintances was abundantly evident. We broke up with the somber thought that our next reunion will take place at the start of the millennium in the year 2000, however, everyone who attended the 40th intends to be at the 45th!

Roman W. DeSanctis '55

35TH

THE 35TH REUNION OF THE CLASS OF 1960 was a success, due in part to the increasing compatibility of the class and also to the expert assistance from Nora Nercessian and her staff in the alumni office.

The weekend began Wednesday at a cocktail get-together at Jane Schaller's, which was in keeping with the emphasis on women in medicine at HMS and with the theme of the Alumni Day symposium. This was a great chance to mingle and rekindle memories. Thursday evening saw us enjoying dinner at the observatory of the John Hancock tower. The outside view was obscured by fog but the conversations inside were clear. At about 8:30 PM the fog lifted, permitting us to identify

30TH

THE TURNOUT FOR THE CLASS OF '65 events was very good, with a large number of class members coming to all three activities. The hot topic for the weekend was the intrusion of managed care into traditional practice arrangements. But our class has members on both sides of the issues. Richard Cornell became medical director of Blue Cross/Blue Shield of Massachusetts in the past year and is very optimistic about the increased economic efficiency offered by the managed care system. Glenn Haughie continues to be medical director of IBM. Cecil Chally, a managing partner of a very large medical practice in Minneapolis, decided that if he couldn't beat them, he would join them by buying a large HMO in Minneapolis. Charles McCrae, an orthopedist in Wyomissing, Pennsylvania, is trying to do damage control by joining the Pennsylvania Blue Shield board. Marcia McCrae is leaving the politics to Chuck and devoting herself to developmental pediatrics.

Most of the rest of the class, like Marcia, are trying as best they can to continue their medical work, albeit anxiously, hoping that they will be able to survive to retirement before the changes become too drastic. Bob Bernstein has an endocrine medical practice in New York City and Max Cohen continues as a surgeon, specializing in the treatment of melanoma. Dick Aadalen is specializing in pediatric orthopedics in Minneapolis. Tim Guiney and Barry Levine are surviving in cardiology and internal medicine at Massachusetts General Hospital, while Stan Wishner is doing cardiology in Los Angeles. Pete Reider is a psychiatrist splitting his time between Waban, Massachusetts and the Cape, while Mark Lawrence is doing psychiatry in McLean, Virginia. Kenny Ratzan is doing infectious disease work in Miami.

Several members of our class are actively involved in academics and research. Tom Smith, at whose beautiful home in Weston we had a wonderful clambake on Saturday afternoon, is chief of cardiology at Brigham and Women's Hospital. Bob Trelstad, who is a professor of pathology at the Robert Wood Johnson Medical School, has been working on comput-

continued on next page

various landmarks. At Alumni Day we were treated to a marvelous luncheon (minus the keg of beer) and assembled for our picture with the youngest family member (Sirgay held his 15-month-old long-haired dachshund).

The usual stalwart reunion groupies returned to Weekapaug Inn for the weekend. Some things were noticeably different from five years ago at the same inn: there was less tennis played, the crowd was less boisterous, the bridge players retired to bed earlier, and no one "mooned" us from the harbor. The group, while in some ways diverse, is in other ways very close, in fact so close we have a proposal for the rest of you. Would you like to get together in two years? We will distribute a memo about this soon. Please consider it.

Richard A. Kingsbury '60

The other musicians ignore Rusty Sputum's baying.

photo from 1960 Aesculapiad

erizing medical education for pathology for some years. He is now expanding that work to developing CD-ROMs, not only for pathology, but for other medical areas as well. Dave McKay is one of our few classmates trying to instill a holistic view into budding medical students by teaching family practice at Stanford Medical School. Gil Omenn, dean of the School of Public Health at the University of Washington Medical School in Seattle, is doing a variety of public health research activities. Elliot Gershon continues to do research into the genetics of mental illness, particularly manic depressive illness. Hal Sox is at Dartmouth Medical School. Clyde Crumpacker is a leading AIDS researcher at Harvard's Beth Israel Hospital. Morris Fisher continues to do neurology in Chicago at Loyola University, and is conducting some highly specialized research.

Larry Krenis, who is an anesthesiologist at St. Elizabeth's Hospital in Boston, demonstrated at Tom Smith's house that he has gone beyond his own musical interests and abilities to the identification of a vast array of bird sounds. Gene Rosenberg shared that he had had a CVA a couple years ago, following an atrial fib stimulated embolus, leaving him out of commission for over a year; he is recovering now and feels optimistic although he said that he is still having difficulty with visual memory, which is compromising his work in radiology. Bill Clark does internal medicine and addiction work, with regular continuing education workshops on the problems of developing good doctor/patient relationships. John McNamara is doing pediatrics in Brockton, Massachusetts.

Everyone at the reunion was very conscious of missing Lesley Bunim Heafitz. Lesley was chair of the planning committee for the reunion and had been very active in all of the previous reunions. She died this year after a prolonged bout with cancer, and we were all acutely aware of her absence. Her son distributed a wonderful book of poetry, which she wrote in the final couple years of her life.

Mark Lawrence '65

25TH

AN ENTHUSIASTIC TURNOUT OF 64 classmates convened for the four-day reunion, starting with a reception at Alice's and my home in Weston. The highlight of the gathering was the Thursday symposium concocted by Mike Bennett, Dave Wyler and John A.K. Davies; it was given by HMS '70 graduates, with panels on women's health by Jean Emans, Pete Bours and Joan Goldberg, and moderated by Eileen Kahan; basic science advances were presented by Mike Gottesman, Andrew Soll and Dave Wyler, and moderated by Bob Munford; and personal odysseys were told by George Fareed, Noel Solomons and Jim Herzog, and I moderated. Classmates and others joined the inquisitive discussions that followed the stimulating presentations.

On Alumni Day, class agents Mike Millis and Cary Akins presented our class gift, topping $100,000 and growing. The morning lectures focused on the history of admission of women to U.S. medical schools—in particular to HMS 50 years ago—and postgraduate academic career problems. The shocking facts were delivered in a tempered fashion by women, from a member of

20TH

APPROXIMATELY 30 CLASSMATES GATHered for our 20th reunion. In addition to attending Alumni Day and the special events commemorating the 50th anniversary of women students at HMS, we had a chance to spend time with each other. Some members attended a Red Sox game and a dinner together. Even more came to the class dinner in the new Medical Education Center atrium. We were most fortunate to have Betty and Dan Federman '53 in attendance. Dean Federman provided a most informative, stimulating and entertaining overview of the new curriculum; this started a discussion that carried on late into the evening. Finally, the picnic on Saturday at Larz Anderson Park was a fun family event.

Joseph G. Maloney '75

that HMS Class of '49 to a current MD/PhD candidate, and by the dean for admissions, moderated expertly in the New Pathway manner by the dean for medical education.

An extended opportunity for social interaction among classmates occurred at dinner Thursday at Jimmy's, and Friday at the Bay Tower Room (with dancing). The reunion of our joyous class culminated at a clambake on the sunny Saturday afternoon in the beautiful garden at the home of Jim and Melinda Rabb. We discovered that the passage of 25 years had diminished neither our camaraderie nor our youth!

John A.K. Davies '70

photos from 1970 Aesculapiad

15TH

THE CLASS OF 1980 CELEBRATED ITS 15th reunion with two events: a dinner and a picnic. Members came from as far as California and British Columbia to attend. A small group gathered for lunch and the class picture on Alumni Day. It was great fun to see old friends like Cliff Barger '43A and Dean Federman '53. That evening about 40 people attended dinner at the Harvard Faculty Club in Cambridge. Lewis First served as toastmaster, wearing a Mickey Mouse tie, of course.

The following day, a group totaling over 80 people met under wonderfully clear skies for a picnic at my home. Steamers, clam chowder, chicken and ribs were served. It was a rare opportunity to catch up with our classmates without the pressure of time constraints. From the appearance of the group, fertility is not an issue, since about half of those attending were children. Much to everyone's credit, no one looks middle-aged, yet.

It was a great treat to see each of you who attended, and we missed those of you who could not. Many thanks to all who helped in the planning and execution of the reunion and the class book. We look forward to seeing you at the 20th.

Denny Lund '80

10TH

ABOUT 40 MEMBERS OF THE CLASS OF 1985 attended the reunion activities on Friday night and Saturday afternoon. Most attendees were from the greater New England area, but some had traveled from as far as California (Adrian Ortega, Phil Lane and Melissa Welch to name a few). Friday evening a cocktail party was held at the downtown Harvard Club. While admiring the sweeping views and a beautiful sunset, classmates discussed the major events of the preceding 10 years. Favorite topics included one's chosen medical specialty and the number and type of children produced. Most of these kids were actually present at the family barbecue hosted on Saturday afternoon by Eric Schreiber (my husband) and me at our home in Lexington. It was a lot of fun to see everyone's family and exchange baby stories. On the more serious side, it was interesting to hear how the members of our class (both men and women) have coped (and are coping) with the dual challenges of family and career. A special thank you goes to Mike Myers, who served as reunion treasurer and participated in the organization of the alumni activities for a second straight term! Also a big thank you to Eva Grubinger and the reunion office for helping organize the events and the reunion report. We look forward to the 15th!

Janey Wiggs '85

5TH

THE CLASS OF 1990 BEGAN ITS FIFTH reunion events on the evening of June 9 with cocktails and dinner at the Cornucopia Restaurant on the wharf. A small but enthusiastic group of alumni and significant others enjoyed what turned out to be an intimate gathering. All nine of us had a wonderful time. The dining room gave us an excellent view of Boston Harbor, and the small size of the group allowed us to go beyond the usual small talk. We reminisced about our years at HMS and caught up on events of the last five years. It was interesting to hear the different paths that our careers and personal lives have taken.

The next day approximately 40 class members, significant others and children enjoyed a lovely outdoor gathering at the home of Betty and Dan Federman '53. Classmates came from as far away as San Francisco and Seattle, and there was a healthy turnout of those of us who have stayed in the Boston area. The weather cooperated fully and allowed us to enjoy a sunny, warm afternoon. A collection of infants and toddlers rounded out the event and added the appropriate touch of lightheartedness.

The next five years promise to be exciting and challenging as we face the changes going on in medicine and in our personal lives. We are looking forward to seeing all of you at the 10th!

Andria Barnes Ruth '90

photos from 1985 Aesculapiad